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REPORT

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1860.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA:

1861.

REPORT

PROGRESS REPORT FOR THE YEAR

1901-1902

BY THE BOARD OF DIRECTORS

OF THE UNIVERSITY OF CALIFORNIA

OFFICERS OF THE INSTITUTION.

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Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN obedience to the requisitions of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his Twentieth Annual Report.

At the date of the Report made one year ago, the last of the male patients had just been removed to the new hospital, and the experiment of treating the sexes in different buildings was fairly commenced. The change which was then inaugurated, had not been proposed without mature reflection, and a settled conviction of its importance; and it may be sufficient, on the present occasion, to say that a single year's experience has been entirely satisfactory, and that the advantages which were hoped for from the new arrangement, have been fully realized. The usefulness of the Hospital and the comfort of the patients have already been essentially increased, and there is good reason to believe that each coming year will be marked by steadily augmenting benefits to the afflicted, and show results that must be truly gratifying to every one who has either by subscriptions, or in any other way, contributed to the accomplishment of this great work.

The repairs to the original building, now "the Department for Females," were commenced immediately

after the removal of the men, and during the year the whole of that structure has been thoroughly renovated, improved fixtures have been introduced, and many alterations made, that must contribute very essentially to its completeness, and tend to promote the comfort and happiness of the patients.

The repairs to the wards formerly occupied by the men, were so far completed as to permit the removal of the patients from the main building of the south wing, in July last, and all the females were transferred from the one-storied building, on the same side, early in October. The repairs to the whole hospital have not been entirely finished at the close of the year, although they are so far advanced that, if furnished, all parts will be ready for occupation in a few weeks.

The extent and cost of these repairs and improvements have been greater than were originally anticipated, but they were all absolutely necessary for the preservation of the building, for making the hospital capable of affording the highest class of accommodations for its patients, giving the best facilities for treatment, and making "the Department for Females" correspond in character with the new hospital, now entirely devoted to male patients. The original building had been nineteen years in uninterrupted use, and for a long period, its wards had been so steadily filled with patients, that extensive repairs could not be undertaken. A very considerable portion of the south wing, for this reason, had not even been painted in all that time, and nothing but the entire vacation of whole wards could have given an opportunity of doing what every one began to regard as a matter of absolute necessity.

Extensive as this work has been, no one who wit-

nesses the change that has been effected, can hesitate to acknowledge that it is worth much more than it has cost, and that while the general air and appearance of the hospital have been greatly improved, its arrangements for management and classification have been rendered very superior to what they ever were before.

The extent of these repairs and improvements may be inferred from the statement that the heating apparatus has been thoroughly overhauled, all the water fixtures, bath-rooms, and water-closets put in complete order, often by an entire renewal of the fixtures, one new bath-room and six new water-closets have been introduced, new arrangements have been made for heating water for more than one-half of the building, a new scullery has been provided in the basement, improved steam-tables have been placed in the dining-rooms, and there has been a thorough repair of all wood work, the renewal or re-fitting of wash-boards nearly everywhere, new finish around all the ward doors in the main building, much new flooring in certain wards, various changes in the windows, and cutting away of interior walls to introduce light and air, painting of all the wood work inside and outside, and of much of the interior walls of the entire building, much new plastering has been done in several of the wards, and a general rebuilding of many of the fences surrounding the patients' yards. A new yard has also been made, in connection with the north 4th ward, and a new road from the gate of entrance to the centre building, while the entire dome, and one section of the roof of the south wing, from which alone the original zinc had not previously been removed, have been covered with tin.

Among the improvements worthy of special reference,

may be mentioned the provision of a "Reception Ward," made from that portion of the north 3d ward next to the centre building, and of a "Sewing Ward" from the corresponding division on the opposite side. In connection with this last, will be the chambers of the seamstress, and of the person having special charge of the clothing and bedding, rooms for keeping which are here provided. A new arrangement has been made on the stairs, leading from the 2d to the 3d wards, on each side, which gives a complete separation, never before existing there, and makes a handsome finish for keeping plants, singing birds, gold fish, &c., and in the centre of each of which, a neat fountain has been placed. A new passage way from the 6th ward gives a protected route to the basement and centre building, without going through other wards, as was formerly done, and which on the south side connects with a new dining-room. The amusement hall, over the coal vaults, has now been finished, as originally proposed, by the erection of a small piazza, and steam-pipe is about to be introduced into it and the Calistheneum, to render them comfortable in cold weather. The elegant fitting up of the lecture-room, which has been done by "a friend to the hospital," at her own expense, has added greatly to the attractiveness of that most useful apartment, and merits this special acknowledgment.

Now that these repairs and improvements are about being finished, and the whole structure given up to females, it may be stated that this department, like that for the males, will have sixteen distinct wards for patients, each ward having all the necessary conveniences for comfort and treatment, and thus giving facilities for a thoroughness of classification not before attained, and

perhaps quite as minute as is desirable, for the number of patients to be treated in this institution.

The importance of classification cannot be over-estimated. When properly carried out in an institution of considerable size, it gives the advantages derived from congenial society, and at the same time permits all the privacy that is desirable. A large number of classes must be provided for, even in a small hospital, because it is possible for but half a dozen patients to be so totally dissimilar in their natural characters, their social positions, and especially in the manifestations of their disease, that no two of them should be together; and yet every one who has been much about institutions for the insane, will acknowledge that certain patients are constantly exercising the most beneficial influence on others. This is an advantage that belongs to a hospital of considerable size, provided the classification is sufficiently minute. It can give both the classification and society. It then becomes something like a community made up of distinct and congenial families. Each ward is select in itself, and yet the whole in the same locality reciprocally exercise a beneficial influence, permit the employment of a larger corps of qualified medical officers, and other assistants, and an expenditure for improvements, means of occupation, and amusement, and for certain important adjuncts to ordinary treatment, that could not otherwise be indulged in.

The only proper classification of the insane must be based on the mental condition and social traits of individuals. Those whose society would most benefit each other, and have the least chance of injurious influence, should be together, and then great good instead of harm very often results from the association, while those

whose proximity would be hurtful, must be kept separate. There was a time when, in some institutions, classification was based on ability to pay; but a moment's reflection would satisfy any one that the greatest wealth might be associated with the most repulsive habits, while in this country of changes, the best qualities of head and heart, and all that makes social life bright and cheerful, may often be found without much of this world's goods. There are extraordinary comforts and surroundings that every institution should be able to give to those who have the desire and ability to incur the expense, but this can in no way interfere with the obvious advantages of a minute and thorough classification.

The entire cost of these improvements in "the Department for Females" will be about \$25,000. Although not convenient to expend so large a sum in the present state of the finances of the hospital, still, I have never doubted but that, if any temporary embarrassment should ensue from this cause, when the necessity for the work is fully known, and the great advantages which had been secured by its execution fully understood, we could rely for relief, with entire confidence, upon that wise liberality and generous benevolence which have never yet failed this institution when properly appealed to.

At the date of the last report, there were 254 patients in the institution, since which 211 have been admitted, and 191 have been discharged, or died, leaving 274 under care at the close of the year.

The total number of patients in the hospital during the year, was 465. The highest number at any one time

was 288; the lowest was 250; and the average number, under treatment, during the whole period, was 273.

The number of males in the hospital during the year was 263, and the number of females was 202. The highest number of males at any one time was 157, and the highest number of females was 131. At the beginning of the year, there were 132 males, and 122 females. At this date, there are 151 males, and 123 females. The number of males admitted during the year was 131, and the number of females 80.

Of the patients discharged during the year 1860, were

	Males.	Females.	Total.
Cured	52	46	98
Much improved	11	5	16
Improved	10	15	25
Stationary	24	2	26
Died	15	11	26
	<hr/>	<hr/>	<hr/>
Total	112	79	191

Of the patients discharged "cured," forty-two were residents of the hospital not exceeding three months; twenty-seven between three and six months; eighteen between six months and one year; and eleven for more than one year.

Of those discharged "much improved," five were under treatment less than three months; six between three and six months; three between six months and one year; and two for more than one year.

Of the "improved," one was under care less than three months; three between three and six months; eleven between six months and one year; and ten for more than one year.

Of those discharged and reported "stationary," nine were under care less than three months; six between

three and six months; seven between six months and one year; and four for a longer period than one year.

Fifteen males and eleven females have died during the year. Of these deaths, five resulted from acute mania; six from the exhaustion induced by chronic mania and enfeebled digestion; five from apoplexy; four from pulmonary consumption; four from organic disease (softening) of the brain; one from epilepsy; and one from old age.

Of the patients who died, sixteen were admitted for mania, five for melancholia, and five for dementia.

Of these cases, three were in the house not more than eight days; three less than three weeks; six between three and six months; seven between six months and one year; five for various periods from one to five years; one had been seven years, and another upwards of fifteen years in the institution.

PREMATURE REMOVALS.—It might be supposed that in an institution like this,—where from its objects and organization, no one can have the slightest interest in detaining any patient, a single hour longer than is necessary to secure the full advantages of treatment and to prevent the risk of a relapse, which so often occurs from a too early return to familiar associations,—premature removals would be of very rare occurrence. And yet not a year passes but that more or less injury is sustained from this cause. There is often noticed in the convalescence of patients,—in its very early stages generally, but sometimes when so much advanced that to a casual observer the mind seems to have completely regained its normal condition,—an extreme anxiety to return to familiar scenes, and this urged with a persist-

ence that is not easily resisted. Although to one familiar with the ordinary phases of mental disease, this anxiety is obviously morbid in its character, still these urgent appeals are so frequently made, and so much pains are taken to remove all probable causes of objection, that there is often no little danger of the physician allowing his feelings and his inclination to gratify his patient, to get the better of his judgment, and yielding his assent to an experiment from which he feels no particular advantage can be realized, and in carrying out which he knows very serious risks are to be encountered.

This morbid desire to leave an institution, to which reference has just been made, is widely different from the natural wish to be at one's own home, and in the society of one's family, and which is much more moderate in its character and manifestations. The first is constantly found before convalescence has commenced, or in its very early stages; while the latter belongs to the state which approaches complete restoration. It is of almost daily occurrence that patients who in the early stages of convalescence talked of little but getting home, have, when quite well, been found as anxious as could be desired to avoid all premature action, and have willingly assented to every suggestion intended to secure their perfect and permanent restoration. In nearly all cases a proper regard to the future safety of a patient and a just appreciation of the great interests that are at stake, demands that a few weeks should be passed under the surveillance of the institution, even after the individual seems perfectly restored. It is just at this time that our vicinity to a large city and to so many and such a great variety of objects of interest in the neighborhood, with a full corps of intelligent assistants, becomes especially important. Many patients during this

period of probation should be kept constantly and pleasantly occupied, and full use will be found for the most abundant variety of resources that an intelligent appreciation of the importance of the work in hand can suggest.

If due caution in regard to the premature discharge of patients, even when apparently quite restored, was everywhere carefully observed, it would be found that the number of relapses would be much diminished, for to this one cause, more than to any other, they are, in my observation, to be fairly attributed.

STATISTICAL TABLES.—The following tables present a carefully prepared abstract of all the cases received into the Pennsylvania Hospital for the Insane from its opening, in 1841, to the present time:—

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	1896	1675	3571
Discharges or deaths	1745	1552	3297
Remain	151	123	274

TABLE II.—*Showing the ages of 3,571 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	2	4	Between 50 and 55	134	95	229
Between 10 and 15	5	13	18	“ 55 and 60	66	62	128
“ 15 and 20	109	110	219	“ 60 and 65	62	45	107
“ 20 and 25	288	244	532	“ 65 and 70	24	33	57
“ 25 and 30	304	277	581	“ 70 and 75	22	28	50
“ 30 and 35	251	201	452	“ 75 and 80	13	10	23
“ 35 and 40	262	207	469	“ 80 and 85	1	3	4
“ 40 and 45	181	202	383	“ 85 and 90	—	—	—
“ 45 and 50	173	141	314	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 1,896 male patients.*

Farmers . . .	278	Contractor . . .	1
Merchants . . .	173	Author . . .	1
Clerks . . .	142	Tanners . . .	6
Physicians . . .	38	Artists . . .	17
Lawyers . . .	29	Hairdresser . . .	1
Clergymen . . .	23	Police Officers . . .	4
Masons . . .	20	Machinists . . .	27
Umbrella-makers . . .	3	Plane-maker . . .	1
Printers . . .	16	Iron-masters . . .	2
Teachers . . .	34	Weavers . . .	24
Officers of the Army . . .	6	Bricklayers . . .	10
“ “ Navy . . .	7	Brickmakers . . .	3
Students . . .	40	Sail-makers . . .	3
“ of Medicine . . .	13	Cooper . . .	1
“ of Law . . .	5	Jewellers . . .	8
“ of Divinity . . .	8	Potter . . .	1
Saddlers . . .	11	Chair & Cabinet makers . . .	22
Peddlers . . .	7	Blacksmiths . . .	25
Tobacconists . . .	19	Watchmakers . . .	4
Carpenters . . .	69	Hotel Keepers . . .	24
Bakers . . .	10	Second-hand dealers . . .	3
Seamen and Watermen . . .	43	Cap Manufacturer . . .	1
Planters . . .	29	Locksmiths . . .	3
Manufacturers . . .	42	Millers . . .	14
Coachmen . . .	3	Glassblowers . . .	2
Druggists . . .	12	Wheelwrights . . .	6
Laborers . . .	146	Gardeners . . .	8
Engineers . . .	14	Chemists . . .	4
Plasterers . . .	8	Print Cutters . . .	2
Bank Officer . . .	1	Curriers . . .	2
Conveyancer . . .	1	Tailors . . .	35
Bookbinders . . .	6	Shoemakers . . .	56
Hatters . . .	6	Brokers . . .	6
Rope-makers . . .	3	Waiter . . .	1
Tinmen . . .	12	Stove-maker . . .	2
Painters . . .	14	Dentists . . .	2
Brush-maker . . .	1	Victuallers . . .	6
Paper-hangers . . .	2	Soldiers U. S. A. . . .	2
Boat-builder . . .	1	Brewer . . .	1
Carver . . .	1	Coach-trimmers . . .	2
Confectioners . . .	7	Auctioneer . . .	1
Coach-maker . . .	1	Plumber . . .	1
Public Officers . . .	2	No occupation . . .	244

TABLE IV.—*Showing the occupation of 1,675 female patients.*

Seamstresses, or Mantua-makers	177	Wives of Plasterers	1
Storekeepers	15	“ Engineers	6
Attendants in stores	7	“ Artists	10
Cigar-makers	3	“ Bricklayers	2
Teachers	36	“ Collectors	3
Domestics	196	“ Brickmakers	2
Nurses	7	“ Seamen	8
Artists	2	“ Merchants	104
Factory Girls	2	“ Physicians	16
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Lawyers and Judges . . .	17
Daughters of Farmers	85	“ Shoemakers	24
“ Merchants	88	“ Hatters	4
“ Masons	2	“ Cabinet-makers	11
“ Bank Officers	3	“ Laborers	106
“ Weavers	5	“ Grocers	5
“ Laborers	14	“ Clergymen	13
“ Sea Captain	1	“ Tobacconists	3
“ Auctioneer	1	“ Weavers	10
“ Innkeepers	2	“ Sea Captain	1
“ Teachers	5	“ Victuallers	7
“ Carpenters	6	“ Brush-makers	2
“ Paper-makers	2	“ Tailors	11
“ Physicians	8	“ Millers	3
“ Planters	19	“ Police Officers	4
“ Watchmaker	1	“ Carpenters	19
“ Curriers	3	“ Druggists	8
“ Clerks	19	“ Planters	9
“ Engineer	1	“ Peddlers	4
“ Clergymen	11	“ Manufacturers	23
“ Miller	1	“ Broker	1
“ Public Officers	13	“ Tanners	4
“ Officer of Army	1	“ Officers of the Army	3
“ “ Navy	1	“ Plumber	1
“ Lawyers	6	“ Blacksmiths	5
“ Machinists	3	“ Bakers	3
“ Bricklayers	2	“ Confectioner	1
“ Chair-maker	1	“ Hair-dresser	1
“ Manufacturers	4	“ Contractor	1
“ Tailors	3	“ Dentist	1
“ Waterman	1	Of the <i>Widows</i> similarly situated, were—	
“ Bakers	2	Widows of Merchants	37
“ Printers	4	“ Physicians	5
“ Shoemakers	3	“ Public Officers	9
“ Druggist	1	“ Sea Captains	5
“ Artists	3	“ Hotel Keepers	2
“ Brickmaker	1	“ Shoemakers	18
“ Blacksmith	1	“ Clergymen	3
Of the <i>Married</i> similarly situated, were—		“ Farmers	32
Wives of Clerks	46	“ Coopers	3
“ Teachers	9	“ Laborers	20
“ Farmers	157	“ Manufacturers	6
“ Brass Founders	3	“ Lawyers	3
“ Gardeners	5	“ Carpenters	3
“ Saddlers	3	“ Clerks	4
“ Printers	3	“ Tanner	1
“ Machinists	15	“ Teacher	1
“ Masons	2	“ Planters	5
“ Painter	1	“ Bricklayers	2
“ Stage Owners	2	“ Painter	1
“ Cutler	1	“ Seamen	5
“ Bank Officers	4	“ Engravers	2
“ Innkeepers	20	“ Engineers	4
		“ Machinists	3
		“ Mason	1
		“ Printer	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 3,571 patients.*

	Males.	Females.	Total.
Single	989	685	1674
Married	827	778	1605
Widows	—	212	212
Widowers	80	—	80

TABLE VI.—*Showing the nativity of 3,571 patients.*

Natives of Pennsylvania	1972	Natives of France	12
“ New Jersey	170	“ England	164
“ Delaware	72	“ Scotland	25
“ Maryland	87	“ Ireland	469
“ Virginia	53	“ Germany	169
“ North Carolina	40	“ Poland	6
“ South Carolina	41	“ Prussia	6
“ Georgia	21	“ Switzerland	3
“ Alabama	11	“ Bermuda, W. I.	2
“ Tennessee	10	“ Jamaica, “	1
“ Indiana	4	“ St. Domingo, “	3
“ Kentucky	13	“ Barbadoes, “	3
“ D. of Columbia	8	“ Cuba, “	1
“ Maine	5	“ Guadaloupe, “	1
“ Massachusetts	26	“ Martinique, “	1
“ Connecticut	23	“ St. Croix, “	1
“ Missouri	3	“ Isl. of Madeira	1
“ Ohio	15	“ Isle of Man	1
“ New Hampshire	3	“ Spain	1
“ Louisiana	11	“ Italy	1
“ Rhode Island	4	“ Denmark	1
“ New York	68	“ Holland	1
“ Mississippi	6	“ Austria	3
“ Vermont	2	“ Bavaria	1
“ Nova Scotia	2	“ Venezuela, S. A.	1
“ Canada	12	Born at Sea	1

TABLE VII.—*Showing the residence of 3,571 patients.*

Residents of Pennsylvania	3032	Residents of Indiana	7
“ New Jersey	107	“ Missouri	8
“ Delaware	56	“ Iowa	2
“ Maryland	60	“ Massachusetts	3
“ Virginia	41	“ Connecticut	3
“ D. of Columbia	17	“ Maine	3
“ North Carolina	36	“ Rhode Island	4
“ South Carolina	30	“ New York	30
“ Georgia	22	“ Jamaica, W. I.	1
“ Alabama	13	“ Barbadoes, “	4
“ Louisiana	26	“ Cuba, “	3
“ Tennessee	5	“ St. Croix, “	1
“ Kentucky	13	“ Isl. of Madeira	1
“ Arkansas	3	“ Florida	1
“ Mississippi	6	“ Germany	2
“ Vermont	1	“ Wisconsin	1
“ Texas	4	“ Venezuela, S. A.	2
“ Illinois	4	“ California	1
“ Michigan	1	“ Oregon	1
“ Ohio	15	“ England	1

TABLE VIII.—*Showing the supposed causes of insanity in 3,571 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	289	279	568	Stock speculations .	2	—	2
Intemperance . .	217	14	231	Want of employment	34	3	37
Loss of property .	106	30	136	Mortified pride . .	2	1	3
Dread of poverty .	2	1	3	Celibacy	1	—	1
Disappointed affections	24	32	56	Anxiety for wealth	1	—	1
Intense study . .	34	10	44	Use of opium . .	4	7	11
Domestic difficulties	26	58	84	Use of tobacco . .	6	—	6
Fright	12	22	34	Use of quack medicines	2	1	3
Grief, loss of friends, &c.	49	138	187	Puerperal state . .	—	145	145
Intense application to business . .	27	2	29	Lactation too long continued	—	5	5
Religious excitement	60	71	131	Uncontrolled passion	5	7	12
Political excitement	8	—	8	Tight lacing . . .	—	1	1
Metaphysical speculations	1	—	1	Injuries of the head	28	6	34
Want of exercise .	5	2	7	Masturbation . .	46	—	46
Engagement in a duel	1	—	1	Mental anxiety . .	111	113	224
Disappointed expectations	6	9	15	Exposure to cold .	3	1	4
Nostalgia	—	6	6	Exposure to direct rays of the sun .	29	1	30
				Exposure to intense heat	—	1	1
				Unascertained . .	755	709	1464

TABLE IX.—*Showing the ages at which insanity first appeared in 3,571 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	4	3	7	Between 45 and 50	131	113	244
Between 10 and 15	31	32	63	“ 50 and 55	76	62	138
“ 15 and 20	183	178	361	“ 55 and 60	55	61	116
“ 20 and 25	362	316	678	“ 60 and 65	38	24	62
“ 25 and 30	336	211	541	“ 65 and 70	15	8	23
“ 30 and 35	237	204	441	“ 70 and 75	11	6	17
“ 35 and 40	237	170	407	“ 75 and 80	7	2	9
“ 40 and 45	179	182	361	“ 80 and 85	—	3	3

TABLE X.—*Showing the forms of disease, for which 3,571 patients were admitted.*

	Males.	Females.	Total.
Mania	896	828	1724
Melancholia	430	508	938
Monomania	294	209	503
Dementia	269	126	395
Delirium	7	4	11

TABLE XI.—*Showing the duration of the disease at the time of admission in 3,571 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . .	1015	922	1937
Between 3 and 6 months . .	123	121	244
“ 6 months and 1 year . .	240	198	438
“ 1 and 2 years	227	164	391
“ 2 and 3 “	89	68	157
“ 3 and 4 “	43	45	88
“ 4 and 5 “	41	24	65
“ 5 and 10 “	56	57	113
“ 10 and 15 “	27	28	55
“ 15 and 20 “	15	22	37
“ 20 and 25 “	6	11	17
“ 25 and 30 “	6	9	15
“ 30 and 35 “	2	3	5
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 45 and 50 “	—	1	1

TABLE XII.—*Showing the number of the attack in 3,571 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	1373	1186	2559	9th paroxysm	—	3	3
Second “	313	292	605	10th “	1	4	5
Third “	101	99	200	11th 1 m. 3 f., 12th 2 f. . .	1	5	6
Fourth “	48	38	86	13th 1 f., 17th 1 m., 18th 3 m.,			
Fifth “	26	16	42	19th 1 m.	1	5	6
Sixth “	41	9	23	20th & 21st each 1 m. & 1 f.	2	2	4
Seventh “	7	5	12	22d 1 m., and to 26th each 1 f.	1	5	6
Eighth “	4	2	6	27th 2 f., 29th 1 f.	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 3,297 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	905	849	1754	1025	484	216	28	1
Much improved	142	160	302	140	99	47	16	—
Improved	260	245	505	202	139	86	78	—
Stationary	209	138	347	123	77	61	85	1
Died	229	160	389	172	77	21	110	9

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	282	247	131	38
2d “	294	180	89	27
3d “	353	270	156	28
4th “	340	261	130	40
5th “	337	304	148	36
6th “	364	303	160	26
7th “	264	318	171	35
8th “	253	315	177	37
9th “	273	275	136	36
10th “	277	285	151	32
11th “	280	267	151	28
12th “	254	272	154	26

GARDENS AND PLEASURE GROUNDS.—The new garden at “the Department for Males” has been under cultivation during the past year, and besides furnishing an abundant supply of fine vegetables, has given occupation of a very desirable character to a considerable number of patients. The completion of the new roads and the general improvement and planting of the pleasure grounds, will, with this extensive garden, furnish, for many years, a valuable form of labor for those who are accustomed to such pursuits, or whose tastes lead them to assist in outdoor employments. At “the Department for Females,” the usual amount of land has been kept under cultivation by the gardener and his assistants, and the carriage-ways and footwalks have been materially extended and improved. The whole of these grounds being now given up to the female patients, has allowed several fences to be removed, and thereby the extent of drives and footwalks has been nearly doubled. Each sex now has double the amount of pleasure grounds and twice the extent of drives and walks they ever had before. The importance of having a considerable extent of dry walks, either wood or brick, in connection with a hospital for the insane, is very great. Active exercise in the open air, morning and afternoon, unless it actually storms, at ordinary times, is desirable for at least four-fifths of all the patients, and cannot be dispensed with, without some loss, physically and mentally. In this climate, without such walks, this amount of exercise cannot be had by many, during no inconsiderable part of the winter and spring months.

While carriage riding is too passive a form of exercise for all, still it is extremely desirable for a large

number, when unable to indulge in that which is more active, and to most, as a useful and pleasant variety. Continued efforts have been made to increase our facilities for this purpose, both within our inclosures and on the pleasant roads in the vicinity, and much more may yet be done advantageously. During the past year, many of the ladies have had particular pleasure in driving themselves about the grounds, either with the Shetland ponies, the donkeys, or the gentle horse that was some years since given to the institution for their special use, while a few have enjoyed and been much benefited by regular horseback exercise.

WORKSHOPS AND MECHANICAL DEPARTMENT.—No material change has been made in this department during the year, but the arrangements proposed at the new building will permit much more use to be made of this form of occupation than formerly. When patients can be safely entrusted with tools, under proper supervision, workshops become very valuable to many, as an adjunct to active exercise in the open air, and at periods when the latter is impracticable. Any pecuniary value to be derived from the labor of patients, in a hospital for the insane, is, of course, always to be regarded as of very secondary importance. Manufactures that can never be disposed of, or used, work that must be done over again, and that to the ordinary strict economist seems only a waste of material, may still be of great value, and give returns not to be estimated in dollars and cents, in such an institution, whose object is not to attain character for mechanical skill or profitable investments, so much as to restore mental health or tranquillize the restlessness and mitigate the sorrows of disease. The provision

of the best workshops and tools, however, will not alone secure this profitable use of them, by the patients. It can be done but by having them regarded as belonging to a system, with a fixed determination on the part of the officers, that whatever is provided shall be used—for it is with these, just as with books locked up in cases, games unplayed, extensive grounds not used—they are not likely to do much to promote the great objects for which such institutions are established. It is always worthy of the attention of the officers of hospitals to see that all such means are not only provided but regularly used. There is a constant tendency on the part of those employed in the care of the patients, to allow these things to be overlooked, and once becoming disused or laid aside, not to be again resumed, till special orders to that effect are given. A large number of means for occupation and amusement must be provided so as to meet the tastes of different individuals. Nearly every patient may participate in some one or more, on almost every day in the year, while others may be of a character that few can use, and yet they may be to them of special importance. The disposition to encourage patients to engage in means of occupation and amusement, indoors and out, especially those of an active character, are among the good traits to be looked for in selecting attendants; and when those employed are found to be deficient in this disposition, it is always good cause for making a change, just as much as when they begin to forget that a devotion of their whole time to the comfort and gratification of the patients, in every possible way, is among the terms on which every one is engaged.

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—The fifteenth annual course of lectures and evening entertainments was fuller and more interesting than any that had preceded it, and illustrated beyond all question—if further proof were wanting—the great value of the system which has now been so many years in operation here, and which has been greatly perfected by the erection of the new hospital. The sixteenth course, now in progress, will occupy at least two hundred and fifty evenings, one-half the number being at “the Department for Males,” and as many at “the Department for Females,” on alternate evenings. As heretofore, they are made up of lectures on a great variety of subjects, exhibitions of very superior dissolving views, musical entertainments and various other means for passing an hour pleasantly, which an enlarged supply of apparatus, and the generous sympathy of a number of kind friends have placed at our disposal. The entertainments at the two departments being on alternate evenings, whenever anything of special interest occurs at either, or as often as may be deemed desirable, parties of from twenty to forty pass from one house to the other, thus approaching more nearly the habits of regular lecture goers, who are differently situated, and giving additional variety to the course. A pleasant evening walk, to and fro, and the lecture-room entertainment, are often an effectual mode of changing the current of thought, which naturally would have place in the wards.

It has been a subject for frequent remark during the past year, that a lecture-room, which formerly contained comfortably those who were disposed to attend, when all the patients were in one building, is now almost as

full of females alone, while the enlarged lecture-room at "the Department for Males" is correspondingly filled. At least twenty per cent. more patients of each sex attend than under the old arrangement, and without the slightest diminution of the good order which has so generally prevailed. As usual, these evening entertainments have been under the special charge of Drs. Smith and Jones, Assistant Physicians, whose interest in their success has added greatly to their attractiveness.

In this connection, it may be interesting to refer to the great change which has been effected in the character of the exhibitions given during the evenings of so large a portion of the year, by substituting for the imported painted pictures, formerly almost exclusively used, the admirable photographs, either colored or uncolored, now made by Langenheim of this city. The reduced price at which the latter are furnished, no less than their accuracy and superiority in other respects, will probably, at no distant day, cause them to take the place almost entirely of the ordinary painted ones. By the process alluded to, copies of the best paintings of the old masters, and of the highest triumphs of sculpture, are as it were reproduced on the wall, of full size, while all the details of the most elaborate architecture, views of natural scenery, and likenesses of individuals, are shown with surprising accuracy. Although all these pictures are well calculated for the ordinary magic lantern, the hydro-oxygen light of Dr. Hare, with the best description of lenses, have always been necessary to do full justice to such exhibitions; but even with these, the advantages of photography were still required to satisfy a cultivated taste. Those very competent to judge have expressed the opinion, that the patients in

this hospital are in the habit of seeing, nearly every evening, an exhibition certainly not inferior in character, and in some respects superior, to what has been found sufficiently attractive to fill some of the largest lecture-rooms in our great cities, nor would those who have attended both, hesitate to add, that in the matter of quiet, good order, and respectful attention, the hospital audience does not suffer by a comparison.

MUSEUMS AND READING-ROOMS.—Each department now possesses two museums and reading-rooms, pleasant places of resort for the convalescent, and for quiet and studious patients, who can here be free from annoyances, that may occasionally exist in the wards. As these rooms open directly into the grounds, they become especially valuable to those who have full liberty inside of the inclosures.

As the number of these rooms has been increased, contributions for their libraries and for the collection of pictures and curiosities are desirable, and will be most gratefully received.

IMPROVEMENTS.—The principal improvements effected during the past year, have been in connection with the repairs and alterations which have been made at “the Department for Females,” and which have already been referred to, somewhat in detail, in a previous part of this report. The introduction of a “Reception Ward,” into which every patient not too much excited may be received, and confided to the special care of intelligent and courteous persons, for a few hours or days as may be deemed expedient, and thus gradually introduced to hospital society, and familiarized with the

arrangements of a curative institution, I regard as an advance of some importance. Any one who will reflect for a moment, may imagine how great may be the shock to persons of sensitive feelings, who may never before have passed a single day with entire strangers, on finding themselves among a large company of people entirely unknown to them, and where all the surroundings are totally different from anything to which they had been accustomed. This would be still harder to bear, if, as might occasionally happen, they were left in this novel position to entertain themselves—an excited imagination giving a morbid and probably painful view of the place and its inhabitants. The arrangement now proposed, it is hoped, will prevent most if not all of this, and a proper degree of tact on the part of those having charge of patients in the reception wards, if it does not make the first impressions of a new comer absolutely pleasant, may at least prevent their being painful and injurious.

The “Sewing Ward,” in the corresponding part of the south wing, while really distinct, will be sufficiently connected with the other wards to be very easily accessible, and it will not be difficult to make those who engage in work there, feel that it is rather a privilege than a task to be thus employed. This, too, for certain patients will be found to be an admirable “reception ward.”

The new railroad car, made on our premises by Jasper Hoopes, on a novel principle, for the purpose of turning short curves by self regulating machinery, is an admirable piece of mechanism, and does its work so beautifully as to be worthy the attention of all who are arranging railroads in hospitals or other institutions, for the transportation of food from the central kitchen

or conveying other articles from one part of the building to another.

The watch clocks, of which there are two in each building, and which were fully described in last year's report, continue to give satisfaction, and cannot but be regarded as an essential part of the night police arrangements of a well organized hospital for the insane.

The care of the insane at night has never yet received the general attention its importance deserves, and everything that tends to add to the comfort and security of the patients during the hours when they are in their chambers and the ordinary supervision is suspended, is worthy of the attention of all who are connected with institutions devoted to their treatment.

OPENING AND FURNISHING THE NEW HOSPITAL. THE LADIES' COMMITTEE.—As already stated, the new hospital was fully in operation, and had under its care all the male patients of the institution on the first day of the year just closed. Twelve months' trial of the fixtures and arrangements there introduced has now been made, and their great convenience and admirable adaptation to the objects proposed, fairly tested. It is due to Dr. S. Preston Jones, first Assistant Physician, and to Jonathan Richards, Steward, and Margaret C. Richards, Matron, that I should acknowledge their valuable services during the organization of this branch, and in carrying out all the details of management, as well as for their deep interest in, and devotion to the important work entrusted to them.

The necessity for the additional buildings provided, has been conceded by every one who has investigated the wants of our community, and is confirmed by the

facts, already recorded, that in the very first year, 53 more male patients have been under treatment than could otherwise have been received, and that the average number of that sex under care, has been increased from 125 to 147. Should this rate of increase continue, every room provided in the new building will be occupied within five years.

To the benevolent ladies who so generously undertook to secure the means for furnishing the new hospital, the institution and its inmates are indebted for whatever has thus far been purchased. The total amount collected by them up to the present time and appropriated to this object is nearly \$15,000. To enable the building to be occupied at an earlier day than could otherwise have been done, most of the furniture in use in the north wing of the old building was transferred to the department for males. This arrangement, although very important at the time it was effected, necessarily leaves a considerable portion of the department for females, just repaired, entirely unfurnished—and to remedy this now urgent want, it is understood to be the intention of the same ladies, who have heretofore labored so successfully in the good cause, to raise at an early day the sum of \$5,000, before attempting to secure the remaining \$5,000 which are still required to provide furniture for the unoccupied wards of the department for males. What has already been done by the ladies' committee will always form one of the bright pages in the history of the Pennsylvania Hospital for the Insane, and the objects they still have in view, and which are commended to the liberality and sympathy of all who can appreciate true benevolence, or would enjoy the luxury of contributing to the comfort of the unfortunate, must cause

their valuable services ever to be held in grateful remembrance by all who are interested in the institution.

ACKNOWLEDGMENTS.—I have the pleasure to make the following acknowledgments for evidences of interest in the institution, and contributions for the special benefit of the patients during the year. To Mrs. Caroline W. Pennock for \$30, towards providing a library for the new Hospital, and for a large collection of books; to Mordecai D. Lewis, for a large number of books; to John M. Whitall, for a second-hand carriage for the use of the patients; to “A Friend,” for a fine South American donkey; to Mrs. Robertson, for handsomely bound volumes of the Illustrated London News; to John Williamson, for twelve large pyrographic pictures; to Mrs. Anna Kneass, Mrs. C. Abbott, and Alexr. Heron, Jr., for a number of framed pictures; to Thomas E. Lightfoot, of Ky., for two valuable steel engravings, with fine frames; to Mrs. Helmbold, for a collection of music; to James Riddle, for four volumes of books; to A. S. Robinson, for two large and valuable engravings, with frames; to Mrs. Wm. Ashurst, for several volumes of illustrated books; to James W. Queen & Co., and McAllister & Brother, for facilities for improving our evening entertainments; to Robert Shoemaker & Co., for \$35 worth of glass, for framing pictures; to Samuel Wall, for \$30 to the amusement fund; to John M. Whitall, Samuel Mason, M. L. Dawson, James R. Greeves, A. J. Derbyshire, M. D. Lewis, S. Morris Waln, Samuel Welsh, Wistar Morris, and “A Friend,” for \$10 each, for a special object; to O. E. Evans, for ten photographic views of Niagara, on glass; to Henry T. Hays, for \$5 to the amusement fund; to William

Hey, for a reduction of \$4 in the price of an engraving, and for two small pictures; to Joseph S. Lewis, for a handsome specimen of carving from anthracite coal; to John Moulson, for various small pictures, and a collection of shells and curiosities; to Mrs. Lawrence Lewis, for a copy of the Illustrated London News; to William Welsh, for the use of his valuable collection of pictures for dissolving views; to Wright, Smith, & Pearsoll, for a lot of glass toys; to Jacob B. Shannon, for a dumb waiter fixture; to Samuel Sloan, for pictures for framing; to Thomas Fitzgerald, for two lectures, and for copies of the City Item, without charge; to the proprietors of the Colonization Herald, for a copy of that paper; to several ladies and gentlemen of Philadelphia, who have on various occasions given fine musical entertainments to the great delight of the patients; and to Professor Nichols, for two of his unique exhibitions, got up with great care. In addition to the acknowledgments already made for the valuable services rendered by the officers at the Department for Males, I would add those due to Dr. Edward A. Smith, Assistant Physician, John Wistar, Steward, and Margaret N. Wistar, Matron at the Department for Females, to Dr. W. S. Longshore, Second Assistant Physician at the Department for Males, and to the teachers, supervisors, attendants, and all others, at both, who have in various ways rendered important assistance in promoting the happiness and well-being of the patients. There are no persons in any department whose duties bring them in contact with the patients, but who have it in their power—by a delicate recognition of the true position of those who come here for treatment, by unvarying gentleness of manner, courteous attentions, and a will-

ingness to be somewhat self-sacrificing in a good cause—to confer benefits and lessen sorrows to an extent that is worthy of special acknowledgment, and which will always commend them to the respect of every one who is interested in the welfare of suffering humanity.

RECEIPTS AND EXPENDITURES.—The following abstract of the receipts and expenditures of each department during the past year, has been prepared at my request, by the stewards of the institution. It is proper to state that the item for improvements at the department for males, is principally made up by payments for the completion of the fences, and other work left unfinished at the opening of the new hospital, and that the extraordinary repairs to the department for females are not included in this statement.

Various circumstances connected with the opening of the new hospital, prevent these statements from being entirely reliable, so far as showing the relative cost of keeping up the two departments. They merely exhibit the actual receipts and payments during the period referred to.

It will be seen that during the year just closed, the average number of patients under care, at the department for males, was 147, and of free patients 19; and at the department for females 125, and of free patients 25. The amount expended on the latter class in both departments amounts to the large sum of \$12,743 89.

After using all the funds received, there will be a balance of \$10,000 still required to meet the expenditures on account of the repairs already referred to.

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$11,988 63
Household expenses	15,226 40
Furniture, fuel, lights, &c.	8,103 91
Garden, grounds, live stock, and carriages	2,282 44
Repairs and improvements	3,687 25
Medicines	192 51
Amusement of patients	379 22
Stationery and printing	459 48
Miscellaneous	399 51
<hr/>	
Total expenditures	\$42,719 35
Net receipts	42,877 66
Average number of patients	147
“ “ of free patients	19
“ cost per week of each patient	\$5 49
Amount expended in 1860 on free patients	\$5,517 45

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$13,640 69
Household expenses	16,009 76
Furniture, fuel, lights, &c.	5,183 49
Garden, grounds, live stock, and carriages	3,548 05
Repairs and improvements	1,000 05
Medicines	731 37
Amusement of patients	441 79
Stationary and printing	381 32
Miscellaneous	488 29
<hr/>	
Total expenditures	\$41,424 81
Net receipts	43,529 63
Average number of patients	125
“ “ of free patients	25
“ cost per week of each patient	\$5 45
Amount expended in 1860 on free patients	7,226 44

RETROSPECT.—At the end of twenty years from the opening of the Pennsylvania Hospital for the Insane, it may be both interesting and profitable, very briefly to pass in review the condition of the insane immediately before the commencement of that period; what has since been done to ameliorate their condition; to compare the present state of things with the past, and thus, perhaps, best answer the question, often asked, whether real advances have been made, and—without meaning to lessen responsibilities for the future—give to our community data for judging whether they ought to be satisfied with what has already been accomplished.

As is well known to those who are at all familiar with the history of the insane in America, the first regular provision for the care and treatment of this afflicted class was made in the Pennsylvania Hospital in the city of Philadelphia, in the year 1751, and into its original buildings such cases were received till the first day of 1841, at which time the present hospital was opened. Previous to the opening of this building the number of patients under care was about 110, filling all the rooms—the entire number occupying the west wing and a small detached building of the Hospital at Eighth and Pine Streets. These cases were imperfectly divided into three classes for each sex, while the entire pleasure-grounds used by them did not exceed two acres in extent. At the present time there are 274 patients under care, in two buildings, entirely distinct; each, indeed, a complete hospital in itself, and each offering more than double the accommodations of the old hospital, having provision for the perfect separation of the sexes, and for sixteen distinct classes of each, with more than ninety acres of private pleasure-grounds, a part of a tract of one hundred and thirteen acres belonging to the institution; while room is provided for nearly two hundred more than are now under care. These two buildings, it may also be remarked, have been provided without taking anything from the vested funds of the institution, and without aid from city, county, or State. The first hospital, now “the Department for Females,” was erected and furnished, as well as all the grounds purchased, from funds obtained from the sale of vacant lots formerly surrounding the old building, and which originally cost but \$10,000, and had never been of any material service to the institution. The other, now “the Department

for Males," as is well known, arose from the generous contributions of benevolent individuals, mostly our own fellow-citizens, to the amount of more than \$350,000, and in response to an appeal for aid to make provision for those amongst us on whom this affliction may be permitted to come, and which, experience had shown, could rarely be treated with success among friends and familiar associations.

Reference may also be made, with propriety, to the great advance made in other details of what has been called the moral means of treatment. In addition to buildings, classification, and pleasure-grounds, already referred to, may be mentioned the improved character of rooms and furniture, the much higher ratio of attendants to patients, the employment of cultivated persons, without ordinary ward duties, as companions to the inmates, the provision of museums and reading-rooms, and regular courses of readings, lectures, or entertainments for every evening during nine months of the year. All these latter, with good musical instruments, ward libraries, various facilities for riding inside of the inclosures, now in almost daily use, and a large number of additional means for occupation and amusement, found regularly in the wards or upon the grounds, were formerly almost entirely unknown.

Previous to the opening of this Hospital the department for the insane was subordinate to that for the sick, and the distinguished and excellent physicians who attended the institution had but a limited period to devote to mental diseases; so that the entire medical direction of all cases of insanity was changed at least three times a year. At present a physician-in-chief, with competent medical assistants and other officers in

each building, devote their whole time to the service of the institution.

In regard to results, it may be enough to say that in the eighty-nine years during which the insane were received into the first hospital, as mentioned in the last report, 4,336 of this class were admitted, and of these 1,493 were cured, 913 discharged improved, 995 were removed by their friends without material improvement, 246 eloped, 610 died, 93 were transferred to the new building, and 16 still retained at the old. In the twenty years during which the Pennsylvania Hospital for the Insane has been in operation, 3,571 patients have been admitted, and of these 1,754 have been discharged cured, 807 in various states of improvement, 347 as stationary, 389 died, and 274 remain under care at this date.

There are other changes that have been gradually occurring within the last twenty years, not less worthy of note, and the importance of which as regards the welfare of the insane generally, can hardly be over estimated. Public sentiment has unquestionably been much enlightened, the errors and prejudices of a past day, with most intelligent persons, have been nearly given up, and insanity is gradually coming to be regarded in the same category as other diseases—one to which every person having a brain is liable, but also as amenable to treatment as many other maladies; a form of sickness that of itself can bring no reproach, and which, once fairly removed, cannot and should not make any individual one jot the less valuable member of society.

The terms now used are also indicative of this change of public sentiment, and while writers and orators, in

order to give supposed force to a statement or to excite a sensation, may yet occasionally be found employing—meaningless as they may be—the epithets that were common in a past age, still it must be acknowledged that the use of such titles as formerly were most familiar for institutions that are now justly regarded as hospitals for the treatment of disease, is extremely rare. It is fair, too, at this day, to infer that any one who of choice (for the law-makers have not always left it optional) styles insanity, lunacy—or the insane, lunatics; who calls nurses for the sick, keepers; or comfortable chambers, cells,—cannot have reflected on the meaning of his words, or has not taken care to keep so well up with the knowledge of the times as to obliterate the vivid impressions made by his early reading. Some of the greatest difficulties under which the insane and institutions for their treatment now labor are, indeed, attributable to the impressions made upon the public mind by much that was known and printed on the subject more than thirty years ago. The startling disclosures that were made, no less than the prevalent views of the nature of the disease and the totally erroneous system of treatment often adopted for its relief, produced fixed and almost universal convictions on the subject, which have been transmitted from generation to generation, and have done and are still doing incalculable mischief. A complete oblivion of almost all that was known in reference to the subject up to the time of Pinel and Tuke, and indeed of much that has been said and done since, would now be a real blessing to the insane. All rightly conducted institutions for the insane become important centres for dispelling prejudices and diffusing sound views in reference to the disease and its treatment—and there can

hardly be any part of their mission that is more useful, for it was really ignorance of the truth and reliance on a false experience that led to wrongs and cruelties in the treatment of a malady that, above all others, should claim and receive the gentlest care and purest sympathy. It has been the constant aim of those connected with the direction of this institution to see that it should do its full share in this good work.

As a consequence of the gradual diffusion of sounder views of the nature and treatment of insanity, has come a more just appreciation of what individuals may often do towards alleviating the sorrows of their fellow-men, without loss, much more likely, with absolute profit to themselves; and to this source we must attribute the occasional visits among our patients, of cultivated and discreet ladies and gentlemen, and particularly of those who at some previous time may have had a practical knowledge of the advantages of the institution, and who have thus frequently accomplished an amount and kind of good, only fully understood and appreciated by those who have been its recipients. In the matter of visits among the insane, it is not intended to say that every well-disposed person is calculated to effect all the good that might be hoped for, from well-intended efforts. A cultivated mind is not alone enough for this work; nor is a good heart, nor deep religious impressions, nor always even all combined, desirable as each one of them is. There is something more necessary to make such labor specially profitable—something occasionally found when least looked for, or strikingly absent, when most desirable—and which may be described by the single word *tact*, a nice perception of the character, condition, and wants of others, and which, joined with the other qualities al-

ready referred to, makes this a field for labor which any one, who engages in it heartily, will soon discover to be much higher than ordinary works of benevolence, just as mind is superior to matter, and mental disease a greater sorrow than mere physical infirmity.

While no one could be expected to leave home in sickness, as a matter of choice, still, in the hope of recovering health, invalids are seen, every day, giving up the comforts of luxurious houses, parting with much that is dearest in life, exposing themselves to dangers and privations, to which they were wholly unaccustomed, and accepting accommodations which they would have spurned, and fare and treatment to which, when well, they could never have dreamed of submitting. If experience has demonstrated that, in a large majority of cases, a residence in a well-regulated hospital gives the best promise for recovering health in mental disease, why should not every sensible person adopt this course as unhesitatingly as to follow out the prescription of foreign travel, or the use of other means, accessible only with great cost, and after serious toil and inconvenience? If a detention at home is likely to result in confirming a sorrowful malady, while treatment in a hospital at least offers a good chance for a restoration, what must be thought of the friends who hesitate which course to adopt, and how imperfect must be the reasoning, or how deep-rooted the prejudice or false pride which selects the former, with its attendant consequences?

If hospitals have not yet been made all that could be desired, the possibility that any member of a community, no matter what his social position, may some day require their assistance, is the strongest reason why every

citizen should lend his influence in securing the success of all objects calculated to elevate their character, and promote their efficiency.

The fact that so many who have been patients in this institution, often in company with their families and friends, revisit the scenes which witnessed their restoration, as well as their sickness, is among the pleasing incidents which tend to show a growing appreciation of the true character of insanity and its treatment. The same inference may be drawn from the fact that patients occasionally come to the institution unattended, and make their own arrangements for admission; that not a few very properly urge being sent, before their families have recognized its necessity, and that instances have not been unfrequent, when after recoveries, patients have exacted pledges from their friends, that should such a misfortune again occur, the same course should be promptly adopted.

CONCLUSION.—The remarks already made are probably enough to give an idea of the general results of the first twenty years of this institution, under its separate organization, as well as its present condition, and its capacity for future usefulness. Conscientiously endeavoring to accomplish as much as possible during that period, and while believing that what has been effected, if not as much as we desired, is at least as much as was generally anticipated, I am equally confident that the future offers a field for labor quite as fertile as the past, and which, properly tilled, is sure to yield as abundant a harvest, and exhibit an advance quite as cheering to the philanthropist.

The lapse of such a period of time, however, with its

many pleasant recollections, cannot but recall events that serve to mingle sadness with all our causes for congratulation. With a single exception, the writer is the only one remaining of all who were engaged here, in any department, at the opening of the institution, and but one of the Board of Managers which honored him with his original and unsolicited appointment, is living, and no one of them is now connected with it. In this connection, I cannot well refrain from repeating what has been said on another occasion, that, with all these changes of men, there has been no change of principle, no abatement of interest in the good cause, and that I have steadily received a degree of support and confidence, for which I shall always feel the deepest gratitude, and without which, much that has been accomplished, would probably never have been undertaken. Such support and confidence may often make a pleasure, of what would otherwise be heavy toil, and help to secure what no pecuniary consideration could purchase.

The care of this hospital is a great trust, for the benefit of suffering humanity, and all connected with it must desire that the results should always be such as to leave no doubt but that the trust has been faithfully administered.

The language of last year's report cannot be too often repeated, that "this institution has claims differing in character from all others. It has no aid from city or State. It relies entirely on the liberality of private citizens; it is purely benevolent in its objects, and as much for the benefit of those blessed with abundance as for the poor; interfering with no existing charity, it is resorted to alike by members of every religious denomination; it provides for a malady that, above all

others, must excite the interest and sympathy of every reflecting mind—a disease from which none can claim exemption, and which occur in whom it may, can rarely be treated with success at home; and whatever the institution receives above its current expenses, is faithfully devoted to extending and perfecting its means of usefulness.”

With unfeigned gratitude to an Almighty Providence for all his mercies and numberless blessings, I again ask for the institution, with its greatly enlarged means of usefulness, your continued care and unabated interest; and from the community in which we live, that liberal support and generous sympathy which may be justly claimed for its purely humane objects.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1861. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Every subscription of \$5000 to the fund for building and improving the Hospital, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason, from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c., can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____ M. D.

_____, 1861.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ }
_____ 1861.

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by “the Contributors to the Pennsylvania Hospital,” we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the ——— day of ———, 1861.

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.



THE HOUSE OF REPRESENTATIVES, WASHINGTON, D.C.



PENNSYLVANIA HOSPITAL FOR THE INSANE.
PHILADELPHIA FOR PENN.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1861.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA:

1862.

COLLINS, PRINTER.

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Department for Males.

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STEWARD.

JONATHAN RICHARDS.

MATRON.

MARGARET C. RICHARDS.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN compliance with the requisitions of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his Twenty-first Annual Report.

The year just closed has been one of much interest in the history of the Hospital. Although the disturbed state of public affairs has prevented many who were anxious to avail themselves of the advantages of the institution from doing so, and has somewhat interfered with the prosperous condition of its finances, still the general results have been highly satisfactory. Renewed evidence of a steadily improving state of public sentiment in regard to insanity and hospitals for its treatment has been conspicuous, and the number who have voluntarily sought the relief which is here afforded, has been constantly increasing. Another year's experience has confirmed our previous impressions of the great value of the new arrangements, and has demonstrated more fully, if additional proof were still wanting, that the treatment of the two sexes in different buildings, as here conducted, without having, as far as we can discover, a single objection, has unquestionably many and important advantages. The same period, too, has given additional evidence of the lasting debt of gratitude,

under which the afflicted and the whole community have been placed, by the benevolent men and women who, on a simple statement of the value and necessity of this great work, so promptly and with such rare liberality, contributed the means for providing the very complete arrangements, which, although now but in their infancy, have already done so much to ameliorate the condition of the insane, and to give facilities for their care and treatment never before possessed by the institution.

The repairs and improvements in progress at the Department for Females at the date of the last report, and the character of which was then fully detailed, were soon after completed. The increased comfort of the patients, their extended and more perfect classification, and the greater airiness and cheerfulness of the wards, thus secured, have been very conspicuous and must satisfy every enlightened observer of the importance and propriety of all the large expenditures made for this object.

A building complete in itself, with extensive pleasure grounds, for each sex, and each building capable of having in it as many as sixteen entirely distinct classes of patients, it is hardly necessary to say, must have great advantages over any arrangements which were possible previous to the erection of the new hospital.

It may fairly be regarded as providential that the two great objects to which allusion has been made—the erection of the new building and the complete renovation of the other—were undertaken and completed just when they were. Great as must have been the necessity for the work which has been so thoroughly done, we should hardly have had the courage or the faith to have commenced it at any time since it was finished;

and it is to be feared that a very considerable period may yet elapse, before our community will feel willing to enter upon any new benevolent undertaking sure to require such large expenditures. And yet the very condition of things which would tend to prevent the provision of such accommodations are almost certain to render more urgent the need for them. Periods of great political excitement, the thousand sources of mental anxiety and the casualties incident to a state of war, sudden pecuniary reverses, and undreamed of changes in the condition of families, hardly ever fail to increase the amount of mental disease in a community, while unfortunately the same causes render too many less able than ever to meet the expenses and losses unavoidably incident to such a form of illness.

To defray the expenses incurred by the work done at the Department for Females, it has been necessary to make a loan of \$14,000, on which interest is now paid. It is very desirable that this debt should be paid off at as early a day as possible, and no better object than this can be found for the contributions of the benevolent, as the number of indigent but respectable persons laboring under mental disease, and to whom a residence in the Hospital is of the utmost importance, is much larger than can be provided for with our present resources.

At the date of the last report, there were 274 patients in the institution, since which 182 have been admitted, and 201 have been discharged, or died, leaving 255 under care at the close of the year.

The total number of patients in the hospital during

the year, was 456. The highest number at any one time was 284; the lowest was 260; and the average number under treatment, during the whole period, was 275.

The number of males in the hospital during the year was 247, and the number of females was 209. The highest number of males at any one time was 155, and the highest number of females was 139. The lowest number of males was 127, and of females was 124. At the beginning of the year, there were 151 males, and 123 females. At this date there are 128 males, and 127 females. The number of males admitted during the year was 96, and the number of females 86.

Of the patients discharged during the year 1861, were—

	Males.	Females.	Total.
Cured	46	46	92
Much improved	6	8	14
Improved	18	16	34
Stationary	28	4	32
Died	21	8	29
Total	119	82	201

Of the patients discharged “cured,” thirty-one were residents of the hospital not exceeding three months; twenty-five between three and six months; twenty-eight between six months and one year; and eight for more than one year.

Of those discharged “much improved,” four were under treatment less than three months; one between three and six months; five between six months and one year; and four for more than one year.

Of the “improved,” three were under care less than

three months; nine between three and six months; nine between six months and one year; and thirteen for more than one year.

Of those discharged and reported "stationary," six were under care less than three months; seven between three and six months; eight between six months and one year; and eleven for a longer period than one year.

Twenty one males and eight females have died during the year. Of these deaths, ten resulted from acute maniacal disease; four from pulmonary consumption; one from suicide; five from chronic disease (softening) of the brain; three from the exhaustion of chronic mania; three from apoplexy; one from disease of the heart; one from dropsy; and one, soon after reaching the hospital, from the effects of a long journey.

Of the patients who died, sixteen were admitted for mania, five for melancholia, one for monomania, and seven for dementia.

Of these cases, ten—those of acute mania—were in the house for periods varying from two to fourteen days; eight less than six months; three between six months and one year; three between one and two years; one between two and three years; two for six years, and one for nine years.

PREMATURE REMOVALS.—During the year just closed, several patients have been removed before giving an adequate trial of treatment. Every case thus prematurely removed, where there is any prospect of restoration, of course changes the apparent ratio of curability in insanity. Even with this disadvantage, however, the result of hospital treatment in this disease, especially in recent cases, makes it compare very favorably with that of other maladies. The long period so

often required for treatment is the most common source of discouragement, and yet nowhere is a hopeful perseverance more frequently rewarded. The friends of patients cannot be too early convinced, that the two great essentials for the restoration of the insane, are a prompt resort to the most liberal and enlightened course of treatment, and when once adopted, an unfaltering perseverance in it, as long as there seems even a faint probability of success. Vacillation of purpose is always unfortunate, and in even the most discouraging cases, there rarely fails to be some result, quite sufficient to reward us for steady and well directed efforts.

STATISTICAL TABLES.—The following tables present a carefully prepared abstract of all the cases, received into the Pennsylvania Hospital for the Insane from its opening in 1841 to the present time:—

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	1992	1761	3753
Discharges or deaths	1864	1634	3498
Remain	128	127	255

TABLE II.—*Showing the ages of 3,753 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	2	4	Between 50 and 55	140	104	244
Between 10 and 15	5	13	18	“ 55 and 60	72	67	139
“ 15 and 20	111	116	227	“ 60 and 65	67	50	117
“ 20 and 25	302	255	557	“ 65 and 70	25	35	60
“ 25 and 30	318	285	603	“ 70 and 75	23	31	54
“ 30 and 35	260	218	478	“ 75 and 80	13	10	23
“ 35 and 40	277	217	494	“ 80 and 85	1	3	4
“ 40 and 45	192	209	401	“ 85 and 90	—	—	—
“ 45 and 50	190	144	334	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 1,992 male patients.*

Farmers . . .	287	Contractor . . .	1
Merchants . . .	192	Author . . .	1
Clerks . . .	144	Tanners . . .	6
Physicians . . .	39	Artists . . .	17
Lawyers . . .	34	Hairdresser . . .	1
Clergymen . . .	25	Police Officers . . .	5
Masons . . .	21	Machinists . . .	33
Umbrella-makers . . .	3	Plane-maker . . .	1
Printers . . .	18	Iron-masters . . .	2
Teachers . . .	34	Weavers . . .	25
Officers of the Army . . .	6	Bricklayers . . .	10
“ “ Navy . . .	8	Brickmakers . . .	3
Students . . .	40	Sail-makers . . .	3
“ of Medicine . . .	13	Cooper . . .	1
“ of Law . . .	5	Jewellers . . .	10
“ of Divinity . . .	8	Potter . . .	1
Saddlers . . .	11	Chair & Cabinet makers . . .	22
Peddlers . . .	8	Blacksmiths . . .	25
Tobacconists . . .	19	Watchmakers . . .	4
Carpenters . . .	71	Hotel Keepers . . .	25
Bakers . . .	12	Second-hand dealers . . .	3
Seamen and Watermen . . .	46	Cap Manufacturer . . .	1
Planters . . .	29	Locksmiths . . .	3
Manufacturers . . .	44	Millers . . .	14
Coachmen . . .	3	Glassblowers . . .	2
Druggists . . .	14	Wheelwrights . . .	6
Laborers . . .	152	Gardeners . . .	9
Engineers . . .	14	Chemists . . .	4
Plasterers . . .	9	Print Cutters . . .	2
Bank Officer . . .	1	Curriers . . .	2
Conveyancer . . .	1	Tailors . . .	35
Bookbinders . . .	6	Shoemakers . . .	61
Hatters . . .	6	Brokers . . .	6
Rope-makers . . .	3	Waiter . . .	1
Tinmen . . .	12	Stove-maker . . .	2
Painters . . .	15	Dentists . . .	2
Brush-maker . . .	1	Victuallers . . .	7
Paper-hangers . . .	2	Soldiers U. S. A. . .	2
Boat-builder . . .	1	Brewer . . .	1
Carver . . .	1	Coach-trimmers . . .	2
Confectioners . . .	8	Auctioneer . . .	1
Coach-maker . . .	1	Plumber . . .	1
Public Officers . . .	2	Type Founder . . .	1
Shipwright . . .	1	No occupation . . .	257

TABLE IV.—*Showing the occupation of 1,761 female patients.*

Seamstresses, or Mantua-makers	182	Wives of Plasterers	1
Storekeepers	16	“ Engineers	6
Attendants in stores	7	“ Artists	10
Cigar-makers	3	“ Bricklayers	2
Teachers	39	“ Collectors	3
Domestics	203	“ Brickmakers	2
Nurses	10	“ Seamen	8
Artists	2	“ Merchants	108
Factory Girls	2	“ Physicians	17
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Lawyers and Judges . . .	20
<i>Daughters of Farmers</i> . . .	90	“ Shoemakers	24
“ Merchants	92	“ Hatters	4
“ Masons	2	“ Cabinet-makers	11
“ Bank Officers	3	“ Laborers	109
“ Weavers	5	“ Grocers	5
“ Laborers	15	“ Clergymen	13
“ Sea Captains	3	“ Tobacconists	3
“ Auctioneer	1	“ Weavers	10
“ Innkeepers	3	“ Sea Captain	1
“ Teachers	5	“ Victuallers	7
“ Carpenters	8	“ Brush-makers	2
“ Paper-makers	2	“ Tailors	12
“ Physicians	9	“ Millers	3
“ Planters	19	“ Police Officers	4
“ Watchmaker	1	“ Carpenters	21
“ Curriers	3	“ Druggists	9
“ Clerks	19	“ Planters	9
“ Engineer	1	“ Peddlers	4
“ Clergymen	3	“ Manufacturers	25
“ Miller	1	“ Broker	1
“ Public Officers	13	“ Tanners	4
“ Officer of Army	1	“ Officers of the Army . . .	3
“ “ Navy	1	“ “ Navy	1
“ Lawyers	10	“ Plumbers	2
“ Machinists	5	“ Blacksmiths	6
“ Bricklayers	2	“ Bakers	4
“ Chair-maker	1	“ Confectioner	1
“ Manufacturers	4	“ Hair-dresser	1
“ Tailors	3	“ Contractor	1
“ Waterman	1	“ Dentist	1
“ Bakers	3	Of the <i>Widows</i> similarly situated, were—	
“ Printers	4	<i>Widows of Merchants</i> . . .	39
“ Shoemakers	3	“ Physicians	5
“ Druggist	1	“ Public Officers	9
“ Artists	3	“ Sea Captains	5
“ Brickmaker	1	“ Hotel Keepers	2
“ Blacksmiths	2	“ Shoemakers	18
Of the <i>Married</i> similarly situated, were—		“ Clergymen	3
<i>Wives of Clerks</i>	46	“ Farmers	35
“ Teachers	9	“ Coopers	3
“ Farmers	165	“ Laborers	20
“ Brass Founders	4	“ Manufacturers	6
“ Gardeners	5	“ Lawyers	4
“ Saddlers	4	“ Carpenters	3
“ Printers	4	“ Clerks	4
“ Machinists	15	“ Tanner	1
“ Masons	2	“ Teacher	1
“ Painter	1	“ Planters	5
“ Stage Owners	2	“ Bricklayers	2
“ Cutler	1	“ Painter	1
“ Bank Officers	5	“ Seamen	7
“ Innkeepers	21	“ Engravers	2
		“ Engineers	4
		“ Machinists	3
		“ Mason	1
		“ Printer	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 3,753 patients.*

	Males.	Females.	Total.
Single	1030	725	1755
Married	878	814	1692
Widows	—	222	222
Widowers	84	—	84

TABLE VI.—*Showing the nativity of 3,753 patients.*

Natives of Pennsylvania	2064	Natives of England	176
“ New Jersey	180	“ Scotland	26
“ Delaware	76	“ Ireland	490
“ Maryland	93	“ Germany	182
“ Virginia	54	“ Poland	8
“ North Carolina	40	“ Prussia	6
“ South Carolina	42	“ Switzerland	3
“ Georgia	22	“ Bermuda, W. I.	2
“ Alabama	11	“ Jamaica, “	1
“ Tennessee	10	“ St. Domingo, “	3
“ Indiana	4	“ Barbadoes, “	3
“ Kentucky	13	“ Cuba, “	2
“ D. of Columbia	8	“ Guadaloupe, “	1
“ Maine	6	“ Martinique, “	1
“ Massachusetts	31	“ St. Croix, “	1
“ Connecticut	24	“ Isl. of Madeira	1
“ Missouri	3	“ Isle of Man	1
“ Ohio	15	“ Spain	1
“ New Hampshire	3	“ Italy	1
“ Louisiana	12	“ Denmark	1
“ Rhode Island	4	“ Holland	1
“ New York	73	“ Austria	3
“ Mississippi	6	“ Bavaria	1
“ Vermont	2	“ Venezuela, S. A.	1
“ Nova Scotia	2	“ Norway	1
“ Canada	13	Born at Sea	1
“ France	12		

TABLE VII.—*Showing the residence of 3,753 patients.*

Residents of Pennsylvania	3187	Residents of Missouri	8
“ New Jersey	111	“ Iowa	2
“ Delaware	61	“ Massachusetts	3
“ Maryland	64	“ Connecticut	3
“ Virginia	43	“ Maine	3
“ D. of Columbia	18	“ Rhode Island	4
“ North Carolina	36	“ New York	33
“ South Carolina	31	“ Jamaica, W. I.	1
“ Georgia	23	“ Barbadoes, “	4
“ Alabama	13	“ Cuba, “	4
“ Louisiana	26	“ St. Croix, “	1
“ Tennessee	5	“ Isl. of Madeira	1
“ Kentucky	13	“ Florida	1
“ Arkansas	3	“ Germany	2
“ Mississippi	6	“ Wisconsin	1
“ Vermont	1	“ Venezuela, S. A.	2
“ Texas	4	“ California	1
“ Illinois	5	“ Oregon	1
“ Michigan	1	“ England	1
“ Ohio	16	“ Norway	1
“ Indiana	8		

TABLE VIII.—*Showing the supposed causes of insanity in 3,753 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	307	294	601	Stock speculations .	2	—	2
Intemperance . .	229	14	243	Want of employment	35	3	38
Loss of property .	108	32	140	Mortified pride . .	2	1	3
Dread of poverty .	2	1	3	Celibacy	1	—	1
Disappointed affections	24	33	57	Anxiety for wealth	2	—	2
Intense study . .	35	10	45	Use of opium . .	4	8	12
Domestic difficulties	27	60	87	Use of tobacco . .	6	—	6
Fright	12	22	34	Use of quack medicines	2	1	3
Grief, loss of friends, &c.	50	143	193	Puerperal state . .	—	152	152
Intense application to business . .	30	3	33	Lactation too long continued	—	7	7
Religious excitement	63	74	137	Uncontrolled passion	5	7	12
Political excitement	12	—	12	Tight lacing . . .	—	1	1
Metaphysical speculations	1	—	1	Injuries of the head	36	6	42
Want of exercise .	6	2	8	Masturbation . .	50	—	50
Engagement in a duel	1	—	1	Mental anxiety . .	115	122	237
Disappointed expectations	6	10	16	Exposure to cold .	3	1	4
Nostalgia	—	6	6	Exposure to direct rays of the sun .	29	1	30
				Exposure to intense heat	—	1	1
				Unascertained . .	787	746	1533

TABLE IX.—*Showing the ages at which insanity first appeared in 3,753 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	5	3	8	Between 45 and 50	140	118	258
Between 10 and 15	31	32	63	“ 50 and 55	80	73	153
“ 15 and 20	192	187	379	“ 55 and 60	57	68	125
“ 20 and 25	385	330	715	“ 60 and 65	40	26	66
“ 25 and 30	340	222	562	“ 65 and 70	15	8	23
“ 30 and 35	248	217	465	“ 70 and 75	11	6	17
“ 35 and 40	251	179	430	“ 75 and 80	7	2	9
“ 40 and 45	190	187	377	“ 80 and 85	—	3	3

TABLE X.—*Showing the forms of disease, for which 3,753 patients were admitted.*

	Males.	Females.	Total.
Mania	937	865	1802
Melancholia	454	540	994
Monomania	304	219	523
Dementia	290	133	423
Delirium	7	4	11

TABLE XI.—*Showing the duration of the disease at the time of admission in 3,753 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . . .	1064	978	2042
Between 3 and 6 months . . .	131	124	255
“ 6 months and 1 year . . .	252	208	460
“ 1 and 2 years	239	172	411
“ 2 and 3 “	96	73	169
“ 3 and 4 “	44	45	89
“ 4 and 5 “	42	26	68
“ 5 and 10 “	59	57	116
“ 10 and 15 “	29	29	58
“ 15 and 20 “	15	23	38
“ 20 and 25 “	6	11	17
“ 25 and 30 “	6	9	15
“ 30 and 35 “	2	3	5
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 3,753 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	1433	1249	2682	9th paroxysm	2	3	5
Second "	333	305	638	10th 1 m. 4 f., 11th 1 m. 3 f.	2	7	9
Third "	107	101	208	12th 2 f., 13th 1 f., 17th 1 m.	1	3	4
Fourth "	50	40	90	14th 2 f., 18th 3 m., 19th 1			
Fifth "	27	18	45	m.	4	2	6
Sixth "	44	10	54	20th & 21st each 1 m. & 1 f.	2	2	4
Seventh "	8	5	13	22d 1 m., and to 26th each 1 f.	1	5	6
Eighth "	5	7	12	27th 2 f., 29th 1 f.	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 3,498 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	951	895	1846	1074	518	225	28	1
Much improved	148	168	316	144	104	51	17	—
Improved	278	261	539	216	146	91	86	—
Stationary	237	142	379	133	83	65	97	1
Died	250	168	418	188	82	22	117	9

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	302	260	136	42
2d "	308	189	96	29
3d "	367	286	160	30
4th "	359	287	139	44
5th "	354	320	153	40
6th "	382	319	162	30
7th "	280	340	184	36
8th "	272	329	182	39
9th "	290	292	150	38
10th "	298	313	167	33
11th "	287	275	156	28
12th "	263	288	161	29

GARDENS AND PLEASURE GROUNDS.—The improved roadways and walks through the pleasure grounds, which are gradually being rendered more perfect, have contributed essentially to the health and gratification of the patients. A much larger number are thus enabled to take daily carriage exercise in the open air than could otherwise be provided for, and very often when in a condition that would preclude their joining the parties who ride through all parts of the adjacent city and country. Nearly all the patients are accustomed to take walks, morning and afternoon, every day, unless it is actually storming, and the effect on the general health of our entire household is obvious. The whole of the forty-one acres belonging to the Department for Females being now given up as pleasure grounds for that sex, has furnished a drive and walks nearly two miles long, while the fifty acres surrounding the buildings at the Department for Males have given both of still greater extent.

Both gardens have been very productive. That at the Department for Males has furnished, as usual, a large amount of admirable occupation to those of the patients having a taste for such employment.

WORKSHOPS AND MECHANICAL DEPARTMENT.—No essential change has been made in this department during the past year. Comfortable and cheerful apartments being now prepared specially for this purpose, in connection with the Department for Males, we shall be able to extend materially the means of occupation for its inmates. Where proper pains are taken to interest patients in mechanical pursuits, it will always be found that quite a considerable number are ready and glad to engage in them, and the want of occupation in hospitals

for the insane is so serious an evil, that no one branch of their arrangements is worthy of more earnest attention. There are difficulties attending any very great extension of mechanical pursuits, but still there are certain descriptions in which patients can be interested, and connected with which, there is little or no risk. Pleasant forms of labor from which we see actual results are more gratifying and useful for most than mere exercise for the purposes of health; and yet if nothing better can be done, simple walking in the open air during a large portion of the day is vastly preferable to the listlessness too often observed in the wards.

EVENING ENTERTAINMENTS, INSTRUCTION, AND AMUSEMENT OF THE PATIENTS.—The sixteenth annual course of lectures and evening entertainments which terminated at the usual period of the last summer, was, as those heretofore given, of nine months' duration—three times a week at least, at each department—and occupied about two hundred and fifty evenings. These entertainments being on alternate evenings at the two buildings, anything of special interest occurring at one, can be enjoyed by patients from the other; and this has been frequently done. A company of forty ladies has on several occasions gone to the new building during the past year.

The last course, as well as that now in progress, has been under the special charge of the Assistant Physicians, Dr. Smith, at the Department for Females, and Drs. Jones and Longshore at the Department for Males, to whose judicious efforts we are indebted for their being made more instructive and interesting than any that had preceded them.

We have also cause for a special expression of obli-

gations to the many kind friends who have added to the variety of our course, by lectures, concerts, and exhibitions, often of a high character.

The photographic pictures made by Langenheim, and the use, with some slight modifications, in our hydro-oxygen dissolving apparatus, of the ordinary stereoscopic pictures on glass, have given us a field so extensive, that our long series of entertainments can be completed, almost without a repetition.

Every year adds to the conviction of the great importance of these entertainments in the management of a hospital for the insane. It is quite possible with proper zeal and determination to make the evening hours in such institutions the most pleasant in the whole day. Without some decided effort, however, this period is apt to become specially tiresome, and the wards, then, to present their most listless and discouraging appearance. From sunset to bedtime there should be a persistent effort on the part of all, to have something on hand that will, at least to some extent, excite the interest and attract the attention of even those of least mental activity. The first step is to have the corridors and parlors cheerfully lighted and comfortably furnished, to have in progress agreeable work, pleasing games, interesting to lookers on as well as players, pictures of various kinds, pleasant reading or music, and varying novelties that those best qualified for positions here will be constantly suggesting. In this work the officers of course must take the lead. There must be nothing likely to benefit the patients ever so little, too small or too low for their attention and interest. In this connection the services of the supervisors and of those employed specially as companions to the patients, on account of the greater

amount of time they may devote to it, become particularly valuable. No less important is the interest of the attendants in their various wards, nor the assistance of convalescent patients, who often confer great benefits on those around them.

As a general rule, the evenings devoted to lectures are pretty well occupied in preparing for them, by the hour in the room, and a pleasant talk on what has been seen or heard, afterwards. The other evenings of the week should never be neglected, as there is always some danger of their being.

In nearly all cases, life, to be really happy, must be one of action. Especially is it so in a hospital like this. From the hour of rising in the morning till that of retiring at night, except in cases of ordinary illness or high excitement, almost constant movement, change of occupation, variety of scene and surroundings, cheerful physical exercise and prudent mental employment are needed for every day, to develop the most successful results and aid in promoting cheerfulness and tranquillity in the wards. In carrying out all these objects, it must not be forgotten that they lose half their value if done simply as a required duty, without that personal interest and hearty good-will which rarely fails to convince patients, that what is urged upon them, is really intended to promote their comfort and restoration.

MUSEUMS AND READING ROOMS.—Some additions have been made to the museums and reading rooms at both departments. They are pleasant places of resort at all seasons, and they can be made much more so by additions to their libraries, to their lists of periodicals, and to the cabinets of curiosities which they contain. All

of these, it is desirable to extend as much as the resources of the hospital, or, which is our principal dependence, the kindness of our friends will permit. Completely separated from the wards and pleasantly located, they form an attractive object for those who are fond of quiet reading or study, or who desire more retirement than can be obtained elsewhere.

IMPROVEMENTS.—The improvements still in progress at the department for females, at the date of the last report, were completed early in the season, and scarcely too much can be said of the admirable effects which have been produced by the work. Every ward has been improved, and the character of some so much changed, that they would hardly be recognized as the same; an increased degree of cheerfulness, freer admission of light and air, and a greater absence of visible means of restraint being most prominent, while the general re-arrangement of the heating apparatus has added much to its efficiency. Steam for direct radiation has been introduced into the Calistheneum and Amusement Hall, and Ashcroft's Low-water Detectors have been placed on all our boilers. A substantial shed has been placed over the coal vaults, which, while protecting them, has furnished excellent accommodations for swings and other contrivances, which can thus be used by the patients in nearly all kinds of weather.

The work rooms at the carpenter's shop of the department for males, have also been arranged for steam heating by direct radiation.

Of the sum collected by the ladies for furnishing the hospital, \$2500 have this year been expended in procuring such articles as were most urgently necessary,

partly for the new building, and partly to supply the place of what was sent from the old to the new, at the time of its opening.

ACKNOWLEDGMENTS.—As in previous years, I have the pleasure of making acknowledgments to many kind friends, who have continued to manifest their interest in the institution by contributions for the special benefit of the patients. To John Welsh for a carriage for the use of the patients; to Mordecai L. Dawson for a horse; to John M. Whitall for a horse; to Henry Seybert for valuable framed engravings; to Wharton Chancellor for a portfolio of pictures for the wards; to George Roberts Smith for a large number of books and pamphlets; to Dr. Francis Lewis, for a collection of books and periodicals; to Mrs. Lawrence Lewis, for the Illustrated London News; to Samuel Welsh, for \$25; to Mrs. S. Welsh, for \$25; to “cash,” for \$25; to S. Morris Waln, for \$15; to other friends for \$110, all being for the purchase of a fine piano for the second ward parlor; to Schomacher & Co., for a liberal reduction in the price of a piano; to Mrs. Shober, for \$25 towards furnishing the hospital, received through Mrs. J. C. Cresson; to Mary Anna Longstreth, for \$55 collected by her for the same object; to Jno. C. Cresson, for a lecture with beautiful experiments on the polarization of light, and for a model of a centrifugal railway; to Dr. Isaac P. Trimble, for five lectures on Natural History; to John S. Hart, for a lecture on the Bible, and for four copies of the Sunday-School Times; to Rev. Mr. Douglass, for a lecture on Burmah; to Thomas Fitzgerald, Esq., for two lectures and two copies of the City Item; to the proprietors of the Colonization Herald

for a copy of that paper; to Alfred B. Durand, Charles Vezin, and their friends for their frequent acts of kindness in getting up concerts for the patients; to Marian Alexander and Mrs. A. D. Morris for similar favors; to William Welsh, McAllister & Co., and James W. Queen & Co., for valued assistance in extending our course of evening entertainments; to Elizabeth Greeves for a fine steel engraving and many other pictures; to an unknown friend for four framed pictures; to F. Langenheim, for one dozen stereoscopic pictures; to George Kellogg, for a lot of magic-lantern pictures; to S. P. J., for three fine steel engravings; to Sarah Collins for an engraving; to Comfort Church for an elegant Bible and cushion for the lecture room; to Mrs. E. Tiernan, for beautiful covers for the piano and tables in the second ward parlor and for other objects of interest; to John McAllister, Jr., for books and pictures; to Mrs. Pritchett, for two handsome vases; to James H. Orne, for a neatly framed engraving; and above all, to the benevolent ladies who collected, and the ladies and gentlemen who gave the funds already referred to, as having been expended in furnishing the hospital. Nor would I omit to express my obligations to my colleagues in office, for the valued and important services rendered to the institution, and to the teachers, supervisors, attendants and all others at both departments whose duties have brought them in contact with the patients, for their efforts to promote their comfort and well being.

RECEIPTS AND EXPENDITURES.—The following is the usual abstract of the receipts and expenditures of all kinds during the past year, and has been prepared at my request by the Stewards of the Hospital. The

amount paid for the permanent repairs and improvements of the Department for Females is not included in the statement. The bills for that object, settled during the year, amount to \$9,700, and this sum is included in the repair loan already referred to. Interest is also paid on \$18,000 by the Department for Males, being the amount of expenses incurred in erecting and furnishing the new Hospital, beyond the receipts from contributors. It is scarcely necessary to say, again, that the early payment of both these loans is very desirable, and to this object the attention of the benevolent in our community is earnestly solicited.

It will be observed that during the year just closed, the average number of patients at the Department for Males has been 144, and at the Department for Females 131. The average number of free patients at the former was 18, and at the latter 26. The amount expended on free patients at both departments was no less than \$13,086 32.

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds	.	.	\$13,585	20
Household expenses	.	.	15,973	37
Furniture, fuel, and lights	.	.	7,122	22
Garden, grounds, live stock, and carriages			1,917	93
Repairs and improvements	.	.	1,731	76
Medicines	.	.	814	52
Amusement of patients	.	.	274	20
Stationery and printing	.	.	257	03
Interest, &c. on loan to new building	.		1,742	93
Miscellaneous	.	.	227	79
				<hr/>
Total expenditures	.	.	\$43,646	95
Net receipts	.	.	41,385	29

Average number of patients . . .	144
“ “ of free patients . . .	18
“ cost per week of each patient .	\$5 82
Amount expended in 1861 on free patients	\$5,447 52

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$13,123 79
House expenses	15,385 68
Furniture, fuel, and lights	5,258 66
Garden, grounds, live stock, and carriages	2,290 94
Repairs and improvements	498 38
Medicines	927 10
Amusement of patients	342 91
Stationery and printing	178 26
Miscellaneous	248 06
Interest on loan for repairs	300 00
<hr/>	
Total expenditures	\$38,553 78
Net receipts	35,055 64

Average number of patients	131
“ “ of free patients	26
“ cost per week of each patient .	\$5 65
Amount expended in 1861 on free patients	\$7,638 80

REMARKS ON HOSPITAL ECONOMY.—There are many points in the economy of hospitals for the insane worthy the attention of all reflecting persons. Although the character of institutions are widely different, and some ought to expend much more than others, there are certain great principles that are applicable to all. While the insane who are in comfortable circumstances have a

right to expect—if they choose to incur the expense of the indulgence—to have everything to which they were accustomed in health, provided it is not likely to prove injurious to them in their altered condition, there should be no deficiency of whatever simply tends to promote the welfare and secure the early restoration of the most dependent class of the community. No matter whether an institution is specially for the affluent, for the reception of all classes, or the humblest pauper hospital in the land, true economy consists in an avoidance of all waste, in having nothing done that is not useful in some way, in keeping everything in the highest state of efficiency, and doing all that is likely to restore to society its afflicted citizens in the shortest possible time. The best arrangements will always be found cheapest in the end, and the highest class of qualifications in every department, with liberal compensation, will prove more economical than inefficiency at the lowest grade of remuneration.

In periods of unusual financial depression, when nearly every one is apt to feel the necessity for a reduction of personal expenses, there is always danger of the management of these institutions for the *cure* as well as the care of the insane, making the grave mistake of doing something as a means of lessening their expenses, that must unavoidably lower their character and impair their usefulness. Retrenchments may thus be carried to that point that they become absolute extravagance. This is clearly so if they diminish the usefulness of an institution, lessen the confidence of the public in its efficiency, and thus reduce its income to a far greater extent than they lower its expenditures. It can never be economy to neglect any available means of restoring

the sick, of improving the condition of all the patients, and doing thoroughly what an institution has been specially established for. One establishment may expend scarcely more than half what another does, and yet if these expenditures are injudicious, it may be both wasteful and extravagant, while the other is truly economical.

From the opening of this hospital, those connected with it have striven earnestly to give it as great efficiency as the means at their disposal would permit, rather than to see for how little it could be conducted. It may safely be said, that there has been progress in each of the twenty-one years it has been in operation, and while they hope it has done what it could, they are fully sensible that larger resources would enable them greatly to extend its usefulness. The financial difficulties of the last year could not fail to be felt here as elsewhere, but while our expenses have been reduced as much as possible without impairing the efficiency of the institution, or lessening the advantages of the patients, there has been no inclination to do more. They have believed that nothing more would be desired by their best friends, that no other course would comport with the good name of the hospital, nor satisfy the benevolent men and women who so recently manifested their interest in it, by contributing nearly \$350,000 to perfect its arrangements by the erection and furnishing of the new building. The views indicated have been adopted in the full faith, that a community that has done so much and so freely, would take good care that no permanent inconvenience should result from a course which seemed especially important just now, when, as before remarked, applicants for relief are likely to be more numerous and more urgent than ever before. There is encouragement

for the propriety of this feeling, in the fact, that a benevolent citizen,* as if foreseeing what was likely to occur, has already made the very liberal bequest of \$10,000 to this department.

PATIENTS' COMPANIONS AND ATTENDANTS.—Careful observation justifies the assertion elsewhere made, that among the more intelligent portion of the community, there is a steadily increasing conviction of the truth of certain cardinal principles in regard to insanity and its treatment, and the great importance of their general recognition. Among these may be mentioned an acknowledgment, that it is a malady connected with the physical organization from which no one can claim exemption, that it is as curable in its early stages as many other diseases, that cases are everywhere to be found demonstrating that, with ordinary prudence, the usefulness of those who are restored is in no wise diminished, that it is no more a reproach to have had functional disease of the brain, than of the liver or stomach, that separation from home and friends being necessary, in a large majority of cases, for its most successful treatment, a class of institutions of a peculiar description become desirable in every community, and in the liberal and wise management of which every one has an interest. So, too, all familiar with the subject seem to agree, that among the essential aids to medical treatment, are a large class of moral means, among which stand prominent, unvarying kindness, genuine sympathy, and abundant means for pleasant and varied occupation. The views last referred to are as just and as true as any of the former, but it is evident, that even among those

* John Wright, Esq., dec'd.

who recognize the soundness of the principles, there has been, in many places, a backwardness in adopting the measures indispensable for their being carried out in a liberal spirit. Few persons have fully appreciated how extensive this work is, or the varied machinery necessary for its being done thoroughly.

Without more than a passing reference here, to the primary need of such architectural arrangements as will secure a proper classification, it must be evident that with the number and kind of persons often employed, much less is done, or can be done, than humanity and the best interests of the afflicted imperatively demand.

Having secured a suitable building, the next step after the selection of officers qualified by character, disposition, and education, to do justice to the trust, is, to insist at least on the employment of a liberal number of attendants for the immediate care of the patients. This number must vary according to circumstances. While many specially devoted to single patients are required in some institutions like this, it should everywhere be a rule, that the number should be sufficient to secure the presence of at least one attendant among the patients at all times, in every ward. The adoption of this axiom at once renders two attendants necessary for every class, for during a large portion of the day, parties of patients should be out of doors, and occasional absence by those employed is unavoidable. Having decided on the proper number of attendants, the next point, and it is one of great importance, is the character of those engaged. Besides industry and integrity much more is desirable. Gentleness of manner, a pleasant expression and tone of voice, unselfishness of disposition, a capacity for vigilance, and a thorough appreciation of the importance

and duties of the position, can hardly be dispensed with.

The comfort of patients depends essentially on those who are constantly with them, and I have great satisfaction in recognizing the fidelity and the devotion with which the duties of attendants are often performed, not alone for those who are attractive in their character, but frequently for individuals who exhibit no traits to attract the interest of any one, beyond the claims, often repulsively presented, of a common humanity. This last is a qualification that ought to belong to all about hospitals for the insane. No thanks are due to those who show kindness and attention only to those who are bright and specially agreeable. The lowest class must be cared for as assiduously as the highest. The excited and the irritable, and those who carry with them the most repelling features of the malady, present a plea for attention here, not surpassed in force by that of those who still retain a large part of their natural attractiveness of character.

Even where the requisite number and kind of attendants for every ward have been obtained, there is so much work to be done, so many outside calls to be attended to, that they cannot give, with regularity, that kind of companionship that is desirable to all those under their charge. The physicians are necessarily compelled to give their attention wherever their services are most urgently needed, and must often be content to furnish specific instructions for the conduct of others, while the duties of the other officers are mostly outside of the wards.

The necessity for a class of conscientious and cultivated persons, as companions for the patients, able to give their attention wherever specially required, and to

devote as much time to individual cases as may be deemed profitable, now becomes apparent. The supervisors of the wards, important and multifarious as their duties are, cannot do this. Many patients, especially when first entering a hospital, should have particular care from such persons as have been referred to, perhaps for days together. These companions, or teachers as they have often been called, released entirely from ordinary ward duties, by their tact and persevering attentions may do much to give to patients pleasant impressions of their new home, and pave the way for a ready acquiescence in what may be necessary in the progress of the case. At other times, their frequent visits through all the wards serve to give variety to their occupants. It is no small matter for those whose amusements and regular occupations are often so much restricted, to see now and then a new and cheerful face, even for a few minutes—for an individual of judgment, with a few words, may change the current of thought, not of one patient alone, but perhaps the feelings of a whole company. Such visits, by rightly qualified persons, may not only save single sufferers from hours of wretchedness, but now and then prevent outbursts of violence and possibly cause general cheerfulness to take the place of gloom and discomfort.

The class of companions to whom allusion has just been made, is also desirable for the attendants. Their frequent visits can hardly fail to secure to them a more certain recognition of their faithful and self-sacrificing services, and protect them in cases of unjust accusations. The attendants really require variety almost as much as the patients. Exercise in the open air, variety of occupation, and a certain amount of recreation is almost indispensable to secure the continued cheerfulness and

unfailing good-nature that are desirable. Those who have not been much among the insane would scarcely appreciate the trials to which attendants in some positions are subjected, nor give proper credit for the manner in which they are met. Almost any one may pass an hour in the midst of excitement, without difficulty or mental fatigue, but when these surroundings are lengthened out into days or become of frequent occurrence, it is widely different; and yet these last are the very posts where high qualifications and unquestioned principles are particularly needed.

It is not to be supposed that all who are willing to occupy these positions are qualified for them. Many honest people with the best intentions are totally unfit. Somewhat peculiar qualifications are really desirable; but the same might be said of most other situations about a hospital for the insane.

It is always right that those engaged in positions about the insane should be well remunerated for their services, for they can have little time to devote to other sources of income; but there is something required that cannot be bought; there should be a zealous devotion to the cause, something of what is generally called enthusiasm, though really only an active kind of practical good sense; there must be a real interest in the work in hand, and a manifestation of interest, a willingness to make very considerable sacrifices of self, and a remembrance that these institutions are established for the benefit of the sick and not of the well. Many persons are naturally disqualified for all such positions, and it is no benefit to them to remain when the deficiency is discovered. An unfortunate temperament often shows its influence on all around its possessor; irritability fre-

quently begets irritability; while courtesy and imperturbable good-nature are antidotes for rudeness. A good example in a hospital is always valuable, just as a bad one is injurious. Both often seem to have a kind of contagion about them, and it is one of the most important of the duties of those in authority to see, as far as they can, that only the best are engaged or retained.

CONCLUSION.—The condition of this institution at the close of twenty-one years of almost unvarying prosperity, and a retrospect not only of the last twelve months, but of the entire period, cannot fail to impress us with the abundant cause we have for gratitude to a superintending Providence for His protection, blessings, and mercies.

In the history of the Pennsylvania Hospital, from its foundation in 1751—when an insane person, for the first time in America, was cared for in an establishment specially prepared for the relief of this afflicted class—up to the beginning of 1862, the department for the insane during the last twenty-one years will certainly occupy a chapter of no ordinary interest. With the change of location and change of system, has come a very marked extension of its means of usefulness, and, I trust, an enduring acknowledgment of principles, which will not only prevent retrograde movement, but insure lasting progress.

To your Board I again commend it as increasingly worthy of all your care and interest; for to you, in no small degree, is intrusted the high responsibility of seeing that its character is never lowered, nor a single one of its means of usefulness lessened.

Having no endowment from city or State, though widely diffusing its advantages over both—for the direct

benefit of whose citizens, without regard to sect, calling, or place of abode its whole income is expended—the claims of this institution for universal sympathy may fairly be urged in every quarter; on the constituted authorities of the land—not for special favors, but only that they may impose no burden in return for the public benefits it freely confers, nor deprive the afflicted of any of its advantages—and on benevolent individuals, for that generous recollection of it upon which it now relies, as it always has done, for its means of usefulness.

It requires no very long experience of life, nor any very extended sphere of observation, to learn that none of us know for whom all these accommodations and varied means of treatment have been provided, nor who, in the future, are to be the recipients of their advantages; but all of us do know—and we have unerring authority for the adoption of the principle—that we should do for others, whoever they may be, precisely what we would have others to do for us.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1862. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every subscription of \$5000 to the fund for building and improving the Hospital, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason, from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c, can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____ M. D.

_____, 1862.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ }
_____ 1862.

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by “the Contributors to the Pennsylvania Hospital,” we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the ——— day of ———, 1862.

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.





WISCONSIN STATE BUILDING, WISCONSIN
DEPARTMENT FOR MALES



THE PENNSYLVANIA HOSPITAL FOR THE DEAF AND DUMB
THE PRESENT FOR PHILADELPHIA

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1862.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1863.

OFFICERS OF THE INSTITUTION.

MANAGERS.

MORDECAI L. DAWSON, <i>President</i> ,	JOHN M. WHITALL,
WISTAR MORRIS, <i>Secretary</i> ,	A. J. DERBYSHIRE,
FREDERICK BROWN,	SAMUEL MASON,
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WILLIAM BIDDLE,	SAMUEL WELSH,
JOHN FARNUM,	CALEB COPE.

TREASURER.

JOHN T. LEWIS.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

THOMAS S. KIRKBRIDE, M. D.

Department for Males.	Department for Females.
ASSISTANT PHYSICIAN.	ASSISTANT PHYSICIAN.
S. PRESTON JONES, M. D.	J. EDWARDS LEE, M. D.
2D ASSISTANT PHYSICIAN.	
STEWARD.	STEWARD.
JONATHAN RICHARDS.	JOHN WISTAR.
MATRON.	MATRON.
MARGARET C. RICHARDS.	MARGARET N. WISTAR.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN compliance with the requisitions of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his Twenty-second Annual Report. In performing this duty he has the gratification to announce, that the year just closed, which, to many at its commencement, seemed to give anticipations of unusual difficulties in the management of the institution, has terminated in a manner highly satisfactory to all. The number of its patients has been steadily increasing, its usefulness among all classes of the community has gradually extended, and by a rigid, but liberal system of economy, it has been able to meet all its expenses, without in any way lowering its scale of accommodations, or diminishing the comforts of a single patient.

The system which was adopted at the opening of the new building, has been continued without essential variation, and has realized our anticipations. Another year's experience only adds to the strength of my convictions of the great value and decided advantages of our new arrangements. What was novel in the plan and fixtures of the new building has answered the purposes intended, so effectually, that if the work was to be again done, very few changes would be made, and

these would be of a comparatively unimportant character.

A vacancy among the medical officers of the hospital during a portion of the year, added materially to the labors of Dr. Jones, Assistant Physician, and of Jonathan Richards, Steward, at the Department for Males, and their efficient and cheerful performance of these increased, as of all their other duties, are worthy of special commendation.

In the early part of the summer, Dr. Edward A. Smith, who has for several years been mentioned in my reports as an efficient and valued assistant, resigned his office at the Department for Females to engage in private practice in the city of Philadelphia. His place has been supplied by the election of Dr. J. Edwards Lee, who formerly occupied the same position, and was entirely familiar with all the duties of the office. At the Department for Males, Dr. W. S. Longshore also resigned his post of Second Assistant Physician to engage in private practice. This office has not yet been filled, although the duties of the place have for sometime been satisfactorily performed by Dr. J. M. Hall. Both the gentlemen who resigned left with the best wishes of all connected with the institution.

At the date of the last report, there were 255 patients in the institution, since which 194 have been admitted, and 164 have been discharged, or died, leaving 285, being an increase of 30, under care at the close of the year.

The total number of patients in the hospital during the year was 449. The highest number at any one

time was 285; the lowest was 255; and the average number under treatment during the whole period was 267.

The number of males in the hospital during the year was 232, and the number of females was 217. The highest number of males at any one time was 143, and the highest number of females was 146. The lowest number of males was 127, and of females was 126. At the beginning of the year, there were 128 males, and 127 females. At this date, there are 143 males, and 142 females. The number of males admitted during the year was 104, and the number of females 90.

Of the patients discharged during the year 1862, were—

	Males.	Females.	Total.
Cured	50	40	90
Much improved	4	8	12
Improved	15	18	33
Stationary	10	6	16
Died	10	3	13
	<hr/>	<hr/>	<hr/>
Total	89	75	164

Of the patients discharged “cured,” forty-two were residents of the hospital not exceeding three months; twenty-five between three and six months; twelve between six months and one year; and eleven for more than one year.

Of those discharged “much improved,” two were under treatment less than three months; two between three and six months; five between six months and one year; and three for more than one year.

Of the “improved,” five were under care less than

three months; seven between three and six months; twelve between six months and one year; and nine for more than one year.

Of those discharged and reported "stationary," two were under care less than three months; three between three and six months; six between six months and one year; and five for a longer period than one year.

Ten males and three females have died during the year. Of these deaths, three resulted from acute mania; three from chronic mania; two from paralysis; one from organic disease (softening) of the brain; one from epilepsy; one from old age; one from disease of the heart; and one from typhoid fever, while laboring under the delirium of which, the case was admitted.

Of the patients who died, four were admitted for mania, five for melancholia, one for monomania, two for dementia, and one for delirium. Of these, four were over seventy years old, and five others, over fifty.

Of the cases who died, two were in the house less than one month; four between three and six months; three between six months and one year; two between two and three years; one between three and four years; and one for more than twelve years.

PREMATURE REMOVALS.—There are many points connected with the care of the insane that cannot be too frequently referred to, while public sentiment is not firmly established on true principles. Besides, as has often been remarked, the reports of hospitals have, every year, a new class added to their readers, and those who now consult them most anxiously, have probably never before had their attention directed to the subject. The premature removal of patients, by which is meant their

being taken home before a proper trial of treatment, is one of the points alluded to. This results from a variety of causes, prominent among which may be placed the want of a correct understanding of the nature and generally chronic character of insanity by the friends, and the persistent importunities for removal on the part of uncured patients. When patients are fully restored, it is rare that this morbid anxiety to leave an institution—which is entirely different from the natural desire to be with one's own family—is found to exist. While some are then even anxious to remain, a considerable number who had been restless before, become perfectly willing to be governed by the opinions of their medical advisers. It is not natural that patients while believing that their minds are not affected, should desire to remain in a hospital specially intended for the treatment of that class of diseases. Recovering, and conscious of the serious character of the malady they had been suffering from, they recognize the importance of doing everything that will tend to secure to them, for the future, permanent and perfect good health. They then have no difficulty in seeing that the officers of such institutions, who receive credit only for those whom they send away, are more likely to err in recommending the too early, rather than the too tardy removal of their patients, and while in this state of mind, convalescents rarely fail to exercise a most beneficial effect on all around them.

Although it is not to be expected, as the general rule, that all who leave a hospital, even when well, should have pleasant recollections of their residence in it, still it is very safe to say, that those who are most uncomfortable in these reminiscences who seem to remember

only what was most painful in their illness, and are disposed to impeach the best motives and misconstrue the most kindly intended actions, will be found to be among those who have been removed while uncured, and who, although well enough to be among their friends without danger, are still frequently laboring under delusions, and at all times, to a greater or less extent, liable to have an aggravation of their maladies. It is true, that there are a few cases, where the recovery seems complete, in which the erroneous impressions existing during their illness seem to have been too strong for the returning reason fully to eradicate, and who remain for a considerable time with confused ideas of what happened during their treatment, although not belonging to that other class, in which long periods of their disease seem to be a perfect blank. The cases referred to, however, are rare. There are a very few others too, who, impressed with the feeling which formerly was almost universal, and is still too prevalent for an enlightened age, that there was some reproach in having suffered from an attack of insanity, and that their position in society might be lowered from having had a form of sickness from which they must know that not a single person who has a brain can certainly claim exemption—and from feelings of mortified pride, rather than from conviction, persist in declaring that their minds had never been affected, and that as a consequence, every one who has had anything to do with placing them in an institution or detaining them there, had been guilty of a great wrong. Still, these classes of dissatisfied persons are very small in comparison to those whose unpleasant feelings are directly or indirectly the effect of premature removals.

Premature removals are not to be too generally attributed to the patients, for every now and then they are found to be far in advance of their friends in regard to the importance of their entering a hospital for treatment, and of their remaining there till it has been effectually tried. More accustomed to acute diseases, which run their course in a few weeks or even days, the friends of patients become uneasy and discouraged, when they find that months are passing without obvious improvement; and yet in these very cases the change may be going on, which, in a few weeks more might lead to perfect health. In this way, a patient taken out just before the favorable change was about to occur, may recover in a very short time at home, or even in some more injudicious position, and yet notwithstanding this result, the removal may have been improper, and have risked all the good that had been gained by many months of previous treatment. Conclusions adopted from studying single cases are apt to be erroneous. Single cases indeed are of little value in establishing principles, which can only be arrived at by the careful observation of large numbers. Nothing is more uncertain in the study of a case of chronic disease, than the conclusion that because particular results followed the use of a certain remedy, the whole effect was caused by it. It may have been tried just when the recovery was about to take place and had little or no agency in its production, or it might really produce the best effects in one period of a case, when it could have had no salutary influence at another. Time, even a long time, is as necessary for relieving us of some forms of sickness, as of many kinds of sorrow. Many cases of insanity seem to run a definite course, and a

certain number of months are necessary for a recovery, no matter how persevering and enlightened the course of treatment may be ; and yet some do occasionally recover, that are treated injudiciously and in positions that all experience goes to show are unfavorable to the restoration of mental health. These facts only tend to prove, that in a limited number of cases, the restorative powers of nature are sufficient to overcome all obstacles, but they do not tell us how many, by such a course, are deprived of all hopes of a recovery and consigned to the saddest form of permanent insanity.

It cannot be too strongly impressed on every one, that a steady perseverance in treatment in every case of insanity is of incalculable importance. Too much care cannot be exercised in the primary decision to submit a case to Hospital treatment, nor in learning where the best and most enlightened can be had, but these points being satisfactorily settled, then let no temporary discouragement, no suggestions of officious friends, no histories of wonderful recoveries by marvellous appliances, nor importunities from the patients themselves, lead to the suspension of a course deliberately adopted, till after a fair and full trial. It is not easy to indicate exactly how long a period of treatment should be insisted on, because the character of cases vary so greatly, but it is quite safe to say that although so many do regain their health within three months, no one should ever become discouraged in a recent case, without at least a year's trial. Many of the best and most permanent recoveries are after this period, and our statistics prove the proportion of restorations to the whole number of cases, to be so large, that favorable results may reasonably be anticipated, where early treatment has not been neglected.

Facts, properly stated to the friends of patients, will generally satisfy them on these points ; but if this course is not sufficient, it may now and then be well to assent to a temporary leave of absence for a patient. In a large majority of cases this will lead to no immediate good result, but ultimately it may, for the friends will generally discover that the patient is not well enough to be at home ; they learn that the change is not producing the benefit they anticipated, and the case comes back sure that in the future there will be no further resort to experiments, but that the officers will have, what is always so important, the steady and unflinching support of the friends, in whatever course of treatment may be deemed advisable.

It becomes the officers of Hospitals for the Insane steadily to impress on the friends of patients, and themselves to remember, how difficult it is to say that any one is absolutely incurable. Every case, no matter what its character or duration, should be placed under the circumstances believed to be most favorable to secure a restoration, and should be steadily kept there. If the patients do not then recover, they will probably improve, and at any rate will not become worse from lack of proper care and treatment. It is behind the age at this day to speak of institutions for incurables. If there were no other objections to them—and there are many grave ones,—the fact that Omniscience alone can tell with certainty who are in this condition should be sufficient. Among the pleasant results of treatment in this institution within the last three years, has been the recovery of an unusual number, whose diseases, from their long continuance and discouraging character, seemed to offer but the faintest hope of a favorable change. More than one of these were placed here by

their friends, not with any prospect of their being cured, but that they might have a pleasant home, be protected from unnecessary exposure, and surrounded with as many of the comforts and enjoyments of life as were compatible with their unfortunate condition. Every such case is an important lesson, and teaches more forcibly than any essay that can be written, the value of hope and a perseverance that will not yield on account of discouragements in Hospitals for the Insane, and that the arrangements of no institution can well be too good for even the most unpromising class of patients. The more serious the case, the wider the field for labor, and successful results are never more pleasant than when least anticipated. Although the practice is often exactly the reverse, still it is not the less true, that the most unfortunate and unpromising class of patients require some of the highest attributes of Christian character and the most discriminating intelligence for their proper management.

STATISTICAL TABLES.—The number of cases embraced in the statistical tables of this institution is now becoming so large that many of the deductions that legitimately flow from them become curious and interesting. Without intending to enter fully on the subject at this time, reference may be made to a few facts from which erroneous conclusions are drawn every year and almost everywhere. This institution, like most others which receive a considerable portion of their cases from an agricultural district of country, shows a large number of farmers, farmers' wives, farmers' widows, and farmers' daughters among its patients—more, indeed, than of any other one class in the community. This fact being positive, surprise is at once expressed by many,

and it is declared that these statistics completely overturn the popular belief that a farmer's life is a healthful one, and demonstrate that nervous diseases are most prevalent where their existence ought to be least anticipated. Then very naturally follows a variety of theories for this unexpected condition of things. Some declare that it must be attributed to the hard work of our country friends, others think it is owing to their good, strong diet, and the use of fat pork has been especially suggested, while not a few see with equal clearness that the whole trouble comes from an insufficient amount of relaxation and the want of an elevating class of amusements!

Let not those who have the privilege of living under the bright skies of the country, or who are meditating such an independent life as that of agriculture, be discouraged by these theoretical discussions. The census tables help us out of this, as out of many other difficulties, and make plain what would otherwise have appeared unaccountable. We find, as was always believed, that no life is so generally conducive to health as one that, like agriculture, gives active exercise in the open air, that none is so little likely to be troubled with nervous affections, and none so generally to be preferred for those who are constitutionally disposed to this class of infirmities.

Agricultural pursuits, healthful as they are, cannot, however, always preserve every one from the physical, and especially from the moral causes, which frequently induce insanity; but the improved general good health which results from such a life, in a large number of cases, gives the power to resist their influence much more successfully than could be done under other circumstances.

By a reference to the census returns, it will be seen that the reason for the large number of the classes referred to who are admitted into this as into many other institutions, is the great preponderance of persons engaged in agricultural pursuits in the districts of country from which patients are received. Although the number of admissions is really greater, the ratio in proportion to population is much less than of those engaged in professional life or in mercantile and many other pursuits. Without such comparisons, almost any of the tables may lead to just such erroneous inferences as those which have been specially referred to.

The following tables exhibit a carefully prepared statement of all the cases received into the Pennsylvania Hospital for the Insane from its opening in 1841 to the present time.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	2096	1851	3947
Discharges or deaths	1953	1709	3662
Remain	143	142	285

TABLE II.—*Showing the ages of 3,947 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	2	4	Between 50 and 55	146	111	257
Between 10 and 15	5	13	18	“ 55 and 60	79	70	149
“ 15 and 20	117	123	240	“ 60 and 65	69	56	125
“ 20 and 25	315	268	583	“ 65 and 70	26	36	62
“ 25 and 30	326	297	623	“ 70 and 75	24	32	56
“ 30 and 35	274	229	503	“ 75 and 80	16	11	27
“ 35 and 40	288	229	517	“ 80 and 85	1	3	4
“ 40 and 45	206	216	422	“ 85 and 90	—	—	—
“ 45 and 50	202	154	356	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 2,096 male patients.*

Farmers . . .	297	Contractor . . .	1
Merchants . . .	202	Author . . .	1
Clerks . . .	154	Tanners . . .	6
Physicians . . .	41	Artists . . .	18
Lawyers . . .	35	Hairdresser . . .	1
Clergymen . . .	25	Police Officers . . .	6
Masons . . .	21	Machinists . . .	34
Umbrella-makers . . .	3	Plane-maker . . .	1
Printers . . .	19	Iron-masters . . .	2
Teachers . . .	35	Weavers . . .	25
Officers of the Army . . .	7	Bricklayers . . .	10
“ “ Navy . . .	12	Brickmakers . . .	4
Students . . .	45	Sail-makers . . .	3
“ of Medicine . . .	14	Cooper . . .	1
“ of Law . . .	5	Jewellers . . .	12
“ of Divinity . . .	8	Potter . . .	1
Saddlers . . .	11	Chair & Cabinet makers . . .	22
Peddlers . . .	10	Blacksmiths . . .	27
Tobacconists . . .	20	Watchmakers . . .	4
Carpenters . . .	72	Hotel Keepers . . .	27
Bakers . . .	13	Second-hand dealers . . .	3
Seamen and Watermen . . .	47	Cap Manufacturer . . .	1
Planters . . .	29	Locksmiths . . .	3
Manufacturers . . .	45	Millers . . .	14
Coachmen . . .	3	Glassblowers . . .	2
Druggists . . .	14	Wheelwrights . . .	6
Laborers . . .	162	Gardeners . . .	9
Engineers . . .	15	Chemists . . .	4
Plasterers . . .	10	Print Cutters . . .	2
Bank Officer . . .	1	Curriers . . .	2
Conveyancer . . .	1	Tailors . . .	36
Bookbinders . . .	6	Shoemakers . . .	67
Hatters . . .	6	Brokers . . .	6
Rope-makers . . .	3	Waiter . . .	1
Tinmen . . .	13	Stove-makers . . .	2
Painters . . .	15	Dentists . . .	2
Brush-maker . . .	1	Victuallers . . .	7
Paper-hangers . . .	2	Soldiers U. S. A. . .	5
Boat-builder . . .	1	Brewer . . .	1
Carver . . .	1	Coach-trimmers . . .	2
Confectioners . . .	11	Auctioneer . . .	1
Coach-maker . . .	1	Plumber . . .	1
Public Officers . . .	2	Type Founder . . .	1
Shipwright . . .	1	No occupation . . .	273

TABLE IV.—*Showing the occupation of 1,851 female patients.*

Seamstresses, or Mantua-makers	191	Wives of Plasterers	2
Storekeepers	16	“ Engineers	6
Attendants in stores	8	“ Artists	10
Cigar-makers	3	“ Bricklayers	2
Teachers	45	“ Collectors	3
Domestics	209	“ Brickmakers	3
Nurses	11	“ Seamen	8
Artists	3	“ Merchants	113
Factory Girls	3	“ Physicians	18
Physician	1	“ Lawyers and Judges . . .	20
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Shoemakers	24
Daughters of Farmers . . .	95	“ Hatters	4
“ Merchants	97	“ Cabinet-makers	12
“ Masons	2	“ Laborers	114
“ Bank Officers	4	“ Grocers	5
“ Weavers	5	“ Clergymen	13
“ Laborers	16	“ Tobacconists	3
“ Sea Captains	3	“ Weavers	10
“ Auctioneer	1	“ Sea Captain	2
“ Innkeepers	3	“ Victuallers	7
“ Teachers	6	“ Brush-makers	2
“ Carpenters	8	“ Tailors	15
“ Paper-makers	2	“ Millers	4
“ Physicians	9	“ Police Officers	4
“ Planters	19	“ Carpenters	22
“ Watchmaker	1	“ Druggists	10
“ Curriers	3	“ Planters	9
“ Clerks	20	“ Peddlers	4
“ Engineer	1	“ Manufacturers	27
“ Clergymen	5	“ Broker	1
“ Miller	1	“ Tanners	5
“ Public Officers	13	“ Officers of the Army . . .	4
“ Officer of Army	1	“ “ Navy	1
“ “ Navy	1	“ Plumbers	3
“ Lawyers	10	“ Blacksmiths	7
“ Machinists	5	“ Bakers	4
“ Bricklayers	2	“ Confectioner	2
“ Chair-maker	1	“ Hair-dresser	1
“ Manufacturers	4	“ Contractor	2
“ Tailors	3	“ Dentist	1
“ Waterman	1	Of the <i>Widows</i> similarly situated, were—	
“ Bakers	3	Widows of Merchants . . .	39
“ Printers	4	“ Physicians	5
“ Shoemakers	3	“ Public Officers	9
“ Druggist	1	“ Sea Captains	5
“ Artists	3	“ Hotel Keepers	3
“ Brickmaker	1	“ Shoemakers	18
“ Blacksmiths	2	“ Clergymen	3
Of the <i>Married</i> similarly situated, were—		“ Farmers	37
Wives of Clerks	48	“ Coopers	3
“ Teachers	10	“ Laborers	20
“ Farmers	170	“ Manufacturers	8
“ Brass Founders	4	“ Lawyers	4
“ Gardeners	5	“ Carpenters	4
“ Saddlers	4	“ Clerks	6
“ Printers	4	“ Tanner	1
“ Machinists	16	“ Teachers	2
“ Masons	2	“ Planters	5
“ Painter	1	“ Bricklayers	2
“ Stage Owners	2	“ Painter	1
“ Cutler	1	“ Seamen	7
“ Bank Officers	5	“ Engravers	2
“ Innkeepers	21	“ Engineers	4
		“ Machinists	3
		“ Mason	1
		“ Printer	1
		“ Blacksmith	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 3,947 patients.*

	Males.	Females.	Total.
Single	1076	765	1841
Married	928	852	1780
Widows	—	234	234
Widowers	92	—	92

TABLE VI.—*Showing the nativity of 3,947 patients.*

Natives of Pennsylvania	2166	Natives of England	186
“ New Jersey	189	“ Scotland	28
“ Delaware	82	“ Ireland	513
“ Maryland	107	“ Germany	202
“ Virginia	58	“ Poland	8
“ North Carolina	40	“ Prussia	7
“ South Carolina	42	“ Switzerland	4
“ Georgia	22	“ Bermuda, W. I.	2
“ Alabama	11	“ Jamaica, “	1
“ Tennessee	10	“ St. Domingo, “	3
“ Indiana	4	“ Barbadoes, “	3
“ Kentucky	16	“ Cuba, “	2
“ D. of Columbia	8	“ Guadaloupe, “	1
“ Maine	6	“ Martinique, “	1
“ Massachusetts	33	“ St. Croix, “	1
“ Connecticut	25	“ Isl. of Madeira	1
“ Missouri	3	“ Isle of Man	1
“ Ohio	16	“ Spain	1
“ New Hampshire	3	“ Italy	1
“ Louisiana	12	“ Denmark	1
“ Rhode Island	4	“ Holland	1
“ New York	78	“ Austria	3
“ Mississippi	6	“ Bavaria	2
“ Vermont	2	“ Venezuela, S. A.	1
“ Nova Scotia	2	“ Norway	1
“ Canada	13	“ Costa Rica	1
“ France	12	Born at Sea	1

TABLE VII.—*Showing the residence of 3,947 patients.*

Residents of Pennsylvania	3347	Residents of Iowa	2
“ New Jersey	117	“ Massachusetts	4
“ Delaware	65	“ Connecticut	3
“ Maryland	77	“ Maine	3
“ Virginia	43	“ Rhode Island	4
“ D. of Columbia	18	“ New York	38
“ North Carolina	36	“ Jamaica, W. I.	1
“ South Carolina	31	“ Barbadoes, “	4
“ Georgia	23	“ Cuba, “	4
“ Alabama	13	“ St. Croix, “	1
“ Louisiana	26	“ Isl. of Madeira	1
“ Tennessee	5	“ Florida	1
“ Kentucky	13	“ Germany	2
“ Arkansas	3	“ Wisconsin	1
“ Mississippi	6	“ Venezuela, S. A.	2
“ Vermont	1	“ California	1
“ Texas	4	“ Oregon	1
“ Illinois	5	“ England	1
“ Michigan	1	“ Norway	1
“ Ohio	17	“ Minnesota	1
“ Indiana	9	“ Costa Rica	1
“ Missouri	10		

TABLE VIII.—*Showing the supposed causes of insanity in 3,947 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	325	312	637	Want of employment	37	—	37
Intemperance	246	16	262	Mortified pride . . .	2	1	3
Loss of property	111	32	143	Celibacy	1	—	1
Dread of poverty	3	2	5	Anxiety for wealth	2	—	2
Disappointed affections	24	34	58	Use of opium	5	8	13
Intense study	35	10	45	Use of tobacco	6	—	6
Domestic difficulties	27	62	89	Use of quack medicines	2	1	3
Fright	12	22	34	Puerperal state	—	161	161
Grief, loss of friends, &c.	54	151	205	Lactation too long continued	—	7	7
Intense application to business	30	3	33	Uncontrolled passion	5	7	12
Religious excitement	65	77	142	Tight lacing	—	1	1
Political excitement	12	—	12	Injuries of the head	38	6	44
Metaphysical speculations	1	—	1	Masturbation	55	—	55
Want of exercise	6	2	8	Mental anxiety	120	135	255
Engagement in a duel	1	—	1	Exposure to cold	3	1	4
Disappointed expectations	6	11	17	Exposure to direct rays of the sun	30	1	31
Nostalgia	—	6	6	Exposure to intense heat	—	1	1
Stock speculations	2	—	2	Unascertained	828	781	1609
				Exposure in army	2	—	2

TABLE IX.—*Showing the ages at which insanity first appeared in 3,947 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	6	3	9	Between 45 and 50	147	124	271
Between 10 and 15	31	34	65	“ 50 and 55	84	76	160
“ 15 and 20	201	201	402	“ 55 and 60	63	71	134
“ 20 and 25	405	342	747	“ 60 and 65	42	29	71
“ 25 and 30	358	337	695	“ 65 and 70	16	9	25
“ 30 and 35	262	236	492	“ 70 and 75	11	6	17
“ 35 and 40	260	187	447	“ 75 and 80	9	3	12
“ 40 and 45	201	196	397	“ 80 and 85	—	3	3

TABLE X.—*Showing the forms of disease, for which 3,947 patients were admitted.*

	Males.	Females.	Total.
Mania	974	902	1876
Melancholia	479	576	1055
Monomania	320	231	551
Dementia	315	138	453
Delirium	8	4	12

TABLE XI.—*Showing the duration of the disease at the time of admission in 3,947 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . .	1120	1029	2149
Between 3 and 6 months . .	137	133	270
“ 6 months and 1 year . .	262	221	483
“ 1 and 2 years	255	181	436
“ 2 and 3 “	103	76	179
“ 3 and 4 “	47	45	92
“ 4 and 5 “	43	26	69
“ 5 and 10 “	61	61	122
“ 10 and 15 “	31	29	60
“ 15 and 20 “	16	24	40
“ 20 and 25 “	6	11	17
“ 25 and 30 “	6	9	15
“ 30 and 35 “	2	3	5
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 3,947 cases.*

	M.	F.	T.		M.	F.	T.
				In the periodical cases,			
First attack	1487	1312	2799	9th paroxysm	2	4	6
Second "	340	320	660	10th 2 m. 5 f., 11th 2 m. 3 f.	4	8	12
Third "	113	105	218	12th 2 f., 13th 1 f., 17th 1 m.	1	3	4
Fourth "	55	43	98	14th 2 f., 18th 3 m., 19th 1			
Fifth "	28	18	46	m.	4	2	6
Sixth "	45	10	55	20th & 21st each 1 m. & 1 f.	2	2	4
Seventh "	9	5	14	22d 1 m., and to 26th each 1 f	1	5	6
Eighth "	5	7	12	27th 2 f., 29th 1 f.	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 3,662 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1001	935	1936	1118	548	237	32	1
Much improved	152	176	328	147	111	52	18	—
Improved	293	279	572	225	159	96	92	—
Stationary	247	148	395	139	84	66	105	1
Died	260	171	431	192	87	23	119	10

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	320	277	145	44
2d "	310	196	100	30
3d "	381	296	166	30
4th "	377	301	147	44
5th "	371	335	162	41
6th "	388	332	170	31
7th "	299	356	187	37
8th "	289	348	193	42
9th "	306	307	161	38
10th "	319	326	173	34
11th "	303	288	164	30
12th "	284	300	168	30

GARDENS AND PLEASURE GROUNDS.—The gardens at both departments have, as usual, been very productive. It is a great advantage to have at all times an abundant supply of perfectly fresh vegetables, but in addition to this, the judicious cultivation of a large garden, the growth of the plants, and the results of scientific experiments always offer matters of interest to a large number who do not take any active part in the labor. To many, however, in the Department for Males, such occupation is esteemed a privilege, and in certain stages of some cases, nothing is more certainly remedial.

The pleasure grounds, which are naturally very pleasant, and have been made much more so by the labor of past years, are being steadily improved and new drives and walks laid out, as circumstances will permit. The amount of riding in the different vehicles used by the patients, and also of horseback riding, inside of the grounds, has been greater than heretofore, while the carriages going out on the public roads have been kept in daily use. With the class of patients received here, this form of occupation and amusement, extended as it already is, can still be much and profitably increased.

WORKSHOPS AND MECHANICAL DEPARTMENT.—This department of the Hospital has not been materially changed during the year, but its importance and the great benefits that may be made to result from persistent and judicious efforts in this direction, have not been lost sight of.

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—The seventeenth annual course of lectures and evening entertainments was completed

at the usual period. The regular number of evenings of every year devoted to this purpose in the Pennsylvania Hospital for the Insane has now become fixed at two hundred and fifty, one-half of which are for the Department for Males and an equal number for the Department for Females, alternating, so that patients from one house can, when desired, attend at the other, as is frequently done, especially when objects of unusual interest are to be presented. These entertainments have, as heretofore, been of a diversified character, embracing lectures on a variety of subjects, exhibitions of dissolving views, with music, concerts, &c.

Most of the last course of lectures and evening entertainments was under the special charge of Drs. Smith and Jones, whose judicious efforts rendered them highly attractive. The eighteenth annual course now in progress—that portion at the Department for Males, under the care of Dr. Jones, and that at the Department for Females, of Dr. Lee,—bids fair to at least equal any that have preceded it, and novelties, as they become accessible, are constantly being introduced. A complete revision and classification of our stock of pictures has been made by Dr. Lee, and the result shows very satisfactorily the value and extent of our means of interesting the patients in this important department of the institution. We now have near one thousand pictures for our lanterns, varying in quality from the very common painted ones formerly in use, to the most beautiful products of the pencil and of the photographic art. This large stock, which has been very gradually accumulating, with other sources of supply which the kindness of friends have placed at our disposal, has enabled us to give something new at every evening of our long and

unintermitted course of nine months. Commencing with the humblest kind of apparatus and illustrations, we have every year made some improvement and extension in both, till our arrangements are now about as complete as we can obtain; and a moderate sum of money every year devoted to this object, will always give it new interest and value. No intelligent inquirer, who looks carefully into this matter, can well doubt the influence of these entertainments—not simply as a means of passing a pleasant hour, or for the information imparted, but for elevating the general tone of a Hospital, and breaking up the sad dulness and gloomy monotony too apt to reign in the evening, through the wards of many institutions;—and no diminution of their number or any lowering of their character can ever be permitted, while a proper appreciation of the high mission of a Hospital for the Insane is felt by those entrusted with its management. The humblest institution in the land, by making a beginning, and faithfully expending even a small sum every year on this object, will soon have means of much value, and which, as they are increased, will be more and more appreciated by those for whose special benefit they are intended. Wherever even a very moderate number of the insane are collected together, all such means are desirable, and the proper authorities can make no more legitimate appropriation of money, than that for their provision; and the establishment, whatever its character, which is provided with the means, and has no one enough interested to undertake the necessary labor of using them is truly unfortunate. The evenings in hospitals, even of the highest order, and where every possible appliance is brought into action, are none too bright or too cheerful,

but when all the more elevating means of occupation, instruction and amusement are neglected, and patients are left to their own resources, without encouragement from any one, they are dreary indeed;—and the appearance of the wards, between supper and a not too early bed-time, to a practiced eye, would perhaps give one of the best indications of the energy and efficiency of the internal administration of an institution.

All the other means of occupation and amusement often referred to in previous reports, have been kept steadily in use. The “Amusement Hall” at the Department for Females has been better furnished and has been much used. Immediately connected with it, besides various books and papers, there is now a great variety of games, including Billiards, Bagatelle, Holland Top, Chess, Backgammon, Checkers, Graces, Battledoor, Dominos, &c., besides Swings, Jumping Boards, and other contrivances under the commodious shed immediately adjoining. This Hall is kept comfortably warmed in winter by steam, and its regular use nearly every day may be attributed to the care taken by the companions to the patients, and some of the attendants to have the patients regularly resort to it. Without this interest in having means of occupation and amusement regularly used, whatever their number and variety in an institution, they gradually become neglected. There seems to be a constant tendency to permit them to become disused, and this can only be prevented by an unflinching determination on the part of the officers, that when, once obtained, they shall everywhere be made use of. This must be done systematically, or before long it will not be done at all. The use of such means should be as much a part of hospital system as washing or

bathing. All persons employed should be taught that it is a part, and an important part of their duties to see that the patients under their immediate care have, and use as steadily as possible, some means of occupation. When any have not the faculty of promoting this, they cannot be too soon notified that their sphere of usefulness is in some other position. An expert by simply walking through a ward, and noticing the general appearance of the patients, their dress and how they are employed, as well as how the attendants themselves are employed—making due allowance for the class under care—can commonly judge pretty fairly, not only of the condition of the patients, but also of the capacity of the attendants.

MUSEUMS AND READING ROOMS.—The museums and reading rooms are kept in good order, and through the kindness of friends some additions have been made to those at each department. As there are now two at each building, we have abundant space for books, periodicals, pictures, specimens of national history, or curiosities of any kind, which our citizens may have to spare, and which they would desire to see placed where they would be carefully preserved, and could not fail to be useful.

IMPROVEMENTS.—The improvements connected with the renovation of the original building, were about completed at the close of the last year. Owing to the general condition of financial affairs, some new improvements that were contemplated at both departments, and which are very desirable, have been postponed for the present. The extension of dry walks about the grounds

has been steadily prosecuted, and a number of comfortable seats have been added to those already in the groves. The only planting of trees done this year, has been a portion of those raised in our own nursery, and of which a considerable number of some varieties still remain.

ACKNOWLEDGMENTS.—Many friends of the institution have again afforded me the satisfaction of making acknowledgments for their kind remembrance of the Hospital and its inmates. To Mrs. Caroline Pennock we are indebted for a donation of \$100 for the purchase of furniture and \$60 for the purchase of books for the Department for Males; to Eliza P. Gurney for \$100 for additions to the patients' libraries; to a lady of New York for \$60 for the same object; to "a restored patient" for \$30; to Henry C. Lea for \$25; to Catharine Klingman for \$10; to Mr. Taylor for \$8; to Robert C. Clarke for seventy-five volumes of handsomely bound and valuable books; to Miss Eliza O. Butler for twenty volumes of very desirable books; to Mrs. W. W. Fisher for a complete set of Rees' Encyclopedia; to Miss Eastman for eleven volumes of books; to the Smithsonian Institution for a box of shells for the museum; to "a Friend of the Hospital" for a billiard table and fixtures, for the north wing of the Department for Males; to Joseph R. Evans for a second-hand Piano; to Dr. Casper W. Pennock and Mrs. Caroline Pennock for valuable furniture, two hundred and fifty volumes of books, and other articles of interest, for the Department for Males; to Uriah Hunt for twenty volumes of books; to various patients for ten dollars, towards the purchase of Billiard balls; to J. F. Eppelsheimer for a fine set of balls and pins for

the Bowling Alley at the Department for Males; to Wistar Morris for a lot of Rhododendrons for the groves; to Dr. J. H. Slack for thirty-three varieties of birds' eggs, and for a plaster-cast of the head of a Gorilla, for the Museum; to an "amateur" for various articles of furniture for Amusement Hall; to Henry Morris for an iron settee; to William Struthers for two handsome marble pedestals and other evidences of interest; to Caleb Cope for engravings; to the committee of the Union Volunteer Refreshment Saloon for two handsomely framed engravings of that interesting institution; to S. Morris Waln for a second-hand piano; to Wood & Perot for ornamental articles of iron; to "a friend" for refreshments and music, for various patients' entertainments; to John Wetherill, Jr., for a barrel of unfermented cider and a barrel of apples for the patients; to W. W. Ward for a collection of copper coins; to Alexander Young for five gallons of superior whiskey for medicinal purposes; to John P. Crosby for various contributions to the means of amusement; to E. J. Davis for a white rat for the Museum; to "a lady" for one hundred fans for the patients; to F. Langenheim for four dozen photographic pictures and his continued interest in this department; to Dr. Edward A. Smith for various lectures; to Rev. W. West for two lectures; to Professor Hiram Corson for several Readings from the English Poets; to Wm. Chapin for a lecture; to Dr. J. H. Slack for an exhibition of Prestigation; to Dr. Pliny Earle for a lecture; to Mrs. Samuel Crozer, to A. B. Durand, C. Vezin, S. Hassler, Mrs. Behrans, Mrs. Street, Miss Alexander and their friends, and the friends of C. Fauver, besides various associations, for their kindness in furnishing musical entertainments for the patients; to

F. A. Packard for hanging tablets; to Henry Seybert for engravings; to R. J. Dobbins for five loads of building stone; to C. Kelleher for hauling the same; to Mrs. Lawrence Lewis for the Illustrated London News for 1862; to Thomas Fitzgerald for a lecture and two copies of the City Item; to the proprietors of the Colonization Herald for a copy of that paper; to Wm. Welsh, McAllister & Bro., and James W. Queen & Co., for their aid in adding to the interest of our evening entertainments; and to John McAllister, Jr., for a valuable book and various engravings.

I would also make special mention of my associates in office, for their efficient and important services in carrying out the great objects of the institution, and of the teachers, supervisors, attendants and all others at both departments of the hospital, who are immediately engaged among the patients, for their many manifestations of interest in their charge and for fidelity in the performance of what are often onerous, as they always are, highly responsible duties.

RECEIPTS AND EXPENDITURES.—The following statements, prepared at my request by the Stewards of the Hospital, show the usual abstract of the receipts and expenditures of the institution during the past year. In that of the Department for Females has been included the sum of \$3,287 16, expended during the previous year for the repairs of the original building. Interest has also been paid to the amount of \$2,334 88. The loan on which interest is now paid for the repairs at the Department for Females, amounts to \$9,000. The building loan referred to last year has been paid off, or provision made for doing so. This was done through

the legacy of the late John Wright, a donation from the executors of the late Josiah Dawson and by a portion of the legacy of the late Abraham Miller.

I may again refer to the importance of paying off the remaining repair loan at as early a day as possible, as the applicants for the charity of the house are always more than its resources permit it to receive, and the steadily increasing number of patients makes it important that early provision be made for furnishing the now unoccupied wards at both departments. It will be remembered that the furniture fund was obtained wholly from the collections of a committee of ladies, and should they determine to complete the work so auspiciously commenced by them, it will add to the deep gratitude now felt by every friend of the hospital for their disinterested labors; and any appeal they may make for the purpose, could hardly fail to command the liberal consideration of every benevolent citizen.

The average number of patients at the Department for Males during the year just closed, has been 133; and at the Department for Females 134. The average number of free patients at the former was 15, and at the latter 21. The amount expended on free patients at both departments in 1862, was \$10,170 12.

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$12,919 99
Household expenses	14,495 43
Furniture, fuel, and lights	5,273 76
Garden, grounds, live stock, and carriages	1,266 94
Repairs and improvements	897 42
Medicines	584 74
Amusement of patients	191 82
Stationery and printing	260 30
Interest, &c., on loan to new building .	1,614 88
Miscellaneous	245 74
Total expenditures	<u>\$37,751 02</u>
Net receipts	40,172 37
Average number of patients	133
“ “ of free patients	15
“ cost per week of each patient	\$5 44
Amount expended in 1862 on free patients	\$4,200 00

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$12,545 54
Household expenses	14,646 26
Furniture, fuel, and lights	5,197 99
Garden, grounds, live stock, and carriages	1,776 32
Repairs and improvements	1,026 78
Medicines	667 70
Amusement of patients	288 76
Stationery and printing	122 61
Miscellaneous	257 89
Interest on repair loan	720 00
Total expenditures	<u>\$37,249 85</u>
Payment for general repairs in 1861	3,287 16
Net receipts	37,823 13

Average number of patients	134
“ “ of free patients	21
cost per week of each patient	\$5 34
Amount expended in 1862 on free patients	\$5,970 12

THE NEW HOSPITAL.—The original Pennsylvania Hospital was founded in 1751—its Department for the Insane was removed to the present location in 1841—and it is nine years to-day since the first suggestion of a plan for adding to its accommodations, by erecting an entirely new hospital, and then treating the sexes in different buildings, was presented to the managers of the institution. That plan, with the necessary details, was afterwards adopted by the Board, approved by the contributors, and in due time carried forward to completion. The first stone of the building was laid on the 7th of July, 1856, and it was formally opened for the reception of patients on the 27th of October, 1859. The cost of the new hospital with all its outbuildings, the wall surrounding its grounds, all its varied and expensive fixtures of every kind, and the furniture in use, amounted to the sum of \$355,907 57. This whole sum has been paid, or there are in hand abundant means for doing so, to be derived from unrealized subscriptions, and from ground rents, a portion of the legacy of the late Abraham Miller (dec'd), and by him specifically appropriated to this object.

I regard it as quite safe to say that no intelligent person can visit this establishment, in all its great extent, examine the number and variety, and learn the object of its fixtures and arrangements, without seeing quite clearly how all this money has been expended, and acknowledging that the end attained is worth all the cost.

While everything like mere ornament was carefully avoided, no expense was spared in making as perfect as possible whatever was essential to the comfort of the patients, or the efficient working of the institution. The results have been abundantly satisfactory; the most costly of the fixtures have proved of the highest utility, and there is no risk in saying that, owing to the rigid system of supervision and economy adopted at the commencement, the same amount, variety, and quality of work could not be again done for less money, even with all the experience subsequently obtained.

The fact that this whole work has been provided and paid for entirely from private contributions is worthy of remembrance in our local history, and that the community may know the names of the benevolent men and women who, with such rare liberality and good feeling, supplied the entire amount required, a complete list of the contributors has now, for the first time, been made out, and is appended to this report.

It is not alone for the liberal bestowal of their means that obligations are due to this list of contributors, not alone that they have added another to the monuments of benevolence which illustrate the better character of our age and city, but because they have shown that there is amongst us that spirit which feels it a duty to take care of the afflicted, to provide for others as we would have provision made for ourselves, and encourages every one to believe that an object of unquestionable utility, properly presented to our community, will always be generously fostered.

While making a public recognition of our obligations to those who have aided in securing the completion of the work, it is only right to say that thanks are also

eminently due to those not immediately connected with the institution, who served most efficiently on the collecting committee, to the benevolent ladies who so promptly secured the means for furnishing the building, to many whose names do not appear on the list of contributors, for their valuable assistance in inducing others to subscribe, and to none more than to many of the conductors of the public journals of Philadelphia, for their ready and judicious advocacy of the measure.

In this connection, reference may again be made to what we must all feel to have been so providential in reference to the time at which the new hospital was commenced and completed. Every one knows how difficult it would have been to have even started such a work since. We have already abundant evidence how great the necessity for it has proved, and how sure this need is to go on increasing. But for these enlarged accommodations, many who have been carefully treated could not have entered the institution at all. Every coming year will only manifest still more clearly the wisdom of its commencement, of its extended plan, and of finishing the whole work at once; and judging by our past experience, the time will be much less distant than is commonly anticipated when every room in its spacious wards will be occupied.

Agreeably to the conditions proposed in the first appeal to the public, wards in the new hospital have been named in honor of Abraham Miller, Josiah Dawson, John Wright, and John Livezey, each of whom gave \$10,000 or more to the Building Fund; and additional *free beds* have also been established in consideration of the very liberal subscription, of \$6,000 by John P. Crozer,

and of \$5,000 each by Elliot Cresson, John Farnum, Joseph Harrison, Jr., Wistar Morris, and Jasper Cope.

CONCLUSION.—The commencement of the twenty-second year of this institution brought with it, to many, causes of anxiety in connection with the immediate future. Its close has given us renewed cause of thankfulness and gratitude to Almighty Providence that, as in all the past, its course has been prosperous and its usefulness steadily becoming more widely extended. The advantages of the new arrangements, as the number of patients is gradually increasing, become more and more apparent, and the comfort and benefit of having abundant space for as minute a classification as we could desire, and for perfect privacy for every case where it is important, can hardly be over-estimated. Under rather unfavorable circumstances, the institution may fairly be said to have fully maintained its character, and the unfortunate condition of the country, although somewhat contracting what would have been its sphere of usefulness, has not prevented it from gradually extending its numbers, and avoiding everything that could be regarded as a retrograde movement.

Considerable as the progress already made in the treatment of the insane has been, the road for advance is still as open as ever. The work may vary, and the fruits of the labor be somewhat different, but they will not, on that account, be any the less valuable. Further progress becomes more expensive, as it is more intellectual and refining in its tendencies, and those blessed with the means and the disposition to push forward the good cause need never be at a loss for objects that will, with entire certainty, not only diffuse the blessings

that flow from these institutions, but greatly elevate their character.

In this institution, from its somewhat peculiar character, these benefits flow alike to those on whom fortune seemed before to have lavished all her most cherished favors, as to those whose lives have been connected with all kinds of painful surroundings—to the useful, the gentle, and the good, as to those differently constituted—to the wealthiest, as to that much larger class, who, rich as they may be in the affections of their families and the respect of their associates, can boast of little more of this world's treasures. As long as all this is remembered, and that this hospital provides for a malady that commonly cannot be successfully treated, even in the most luxurious homes, a form of disease that comes to every class and to all ranks of life, it can hardly be necessary to make extended appeals for your continued interest in its welfare, or for the sympathy and generous consideration of the community.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1863. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason, from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c, can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____ M. D.

_____, 1863.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ 1863. _____ }

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, _____ dollars _____ cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove _____ when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the _____ day of _____, 1863.

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

CONTRIBUTORS
TO THE
FUND FOR THE ERECTION
OF THE NEW
PENNSYLVANIA HOSPITAL FOR THE INSANE,
(DEPARTMENT FOR MALES,)
AT
PHILADELPHIA.

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* The first named eighteen (with the exception of those who died*), served from the commencement to the end of the work; the others during different periods of its progress. The first meeting of the committee was held May 16th, 1855, and the last, Sept. 26th, 1859.

* L. Lewis, J. G. Morris, and C. C. Biddle.

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Greeves, James R.	1500 00	Hutchinson, I. Pemb.	3000 00
George, Jesse	1000 00	Hinds, William P.	1000 00
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Livezey, John	10,000 00	Leamy, Miss, and Mrs. Stout	100 00
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		Levick, Rasin & Co.	100 00
		Logan, Maria D.	100 00
		Lambert, John	100 00
		Lightfoot & Walton	60 00
		Lady, by John Farnum	50 00
		Lea, Joseph	50 00

Long, James	50 00	Moore, Samuel, M. D.	200 00
Lincoln, Abel	30 00	Miskey, A.	100 00
		Musser, William	100 00
Miller, Abraham	500 00	Molloy, Michael	100 00
" (Leg.) cash	3,559 73	Morrell, Robert, M. D.	100 00
" & G'd R'ts	12,833 33	Moore & Campion	100 00
		Maxfield, William R.	100 00
	16,893 06	Mason, John	100 00
Morris, Wistar	5000 00	Malone & Taylor	100 00
Morris, Henry	2500 00	Moss, E. L.	100 00
McKean, Borie & Co.	1500 00	Morrison, Anne D.	100 00
Merrick, Samuel V.	1255 00	Miles, Jacob & Son	100 00
Morris, Jacob G.	1000 00	Moorhead, William G.	100 00
Magee, James	1000 00	Moorhead, J. B.	100 00
Morris, Isaac P.	1000 00	Meigs, J. Forsyth, M. D.	100 00
Morris, Israel	1000 00	Miller, Hiram	100 00
Morris & Jones & Co.	1000 00	Miller, Wm.	100 00
Morris, Tasker & Mor-		Morris, Israel, Jr.	100 00
ris	1000 00	Moore, J. Wilson, M. D.	100 00
Morris, Catharine W.	1000 00	Myers, Joseph B.	100 00
Milne, David	600 00	Myers, Kirkpatrick & Co.	100 00
Mellor, Thomas	500 00	Marshall, Sarah	100 00
Macalester, Charles	500 00	Massey, Robert V.	100 00
McCrea, Jas. A., M. D.	500 00	Megargee & Brother	100 00
Marshall, Mary	500 00	Megargee, Samuel	100 00
Mason, Samuel	500 00	Maule, Israel	100 00
Mellon, Thomas	500 00	Maddock, Wm. L.	100 00
Moore, William Hill	500 00	Manderson, Andrew	100 00
Morris, Tasker & Co.	500 00	McAllister & Brother	100 00
Morris, Israel W.	500 00	McIlvain, James	100 00
Morton, Samuel C.	500 00	McCall, Catharine	100 00
Myers, John B.	500 00	McCallum, William	100 00
Marshall, Benjamin	300 00	McHenry, Alexander	100 00
Morris, Stephen P.	300 00	McCall, Henry, Jr.	100 00
Martin, James	250 00	McConkey, David, of	
Massey, William	250 00	Westchester, Pa.	100 00
Morris, Hannah	250 00	McBride, P.	50 00
Morris, Jane	250 00	McCurdy, John R.	50 00
McAllister, John, Jr.	200 00	Magear, Thomas J.	50 00
McIlvain, Hugh	200 00	Manderson, James	50 00
Magargee Charles,	200 00	Manderson, Thomas	50 00
Maris, John M.	200 00	Maule, Henry	50 00
Marshall, Richard M.	200 00	Moon, Mahlon, in trees	50 00
Maule, Edward	200 00	Meyer, Isaac	30 00
Miller, John S.	200 00	Morris, P. Pemberton	30 00

Matson, C. H.	30 00	Parry & Randolph	200 00
Medara, Joseph S.	30 00	Paul, Sarah R.	200 00
Mott, James	25 00	Perot, Edward	200 00
McMurtrie, Richard C.	25 00	Poultney, Letitia	200 00
Moore, Mary	10 00	Pritchett & Baugh	200 00
Moore, Mary, collected by her	2 50	Price, Richard	150 00
		Potts, David, Jr., of Potts- town	150 00
Newbold, Son & Aertsen,	1000 00	Perot, William S.	100 00
Norris, Samuel	1000 00	Perot, Elliston	100 00
Norris, Richard	500 00	Perot, Francis	100 00
Newhall, Thomas A.	300 00	Paul, James W.	100 00
Norris, Isaac	200 00	Pritchett, Thomas	100 00
Nicholson, Lindsey	200 00	Parrish, Dillwyn	100 00
Neall, Daniel	100 00	Parrish, Wm. D.	100 00
Newlin, Thomas S.	100 00	Parrish, George D.	100 00
Needles, Joseph A.	100 00	Patterson, Joseph	100 00
Nevins, James	100 00	Patteson, Edward	100 00
Norcross & Sheets	100 00	Phillips, Henry M.	100 00
		Penniston, John F.	100 00
Ord, George	1000 00	Pearsall, Robert	100 00
Outerbridge, Harvey & Co.	200 00	Palmer, Thomas & Co.	100 00
Orne, Benjamin	125 00	Philler, George	100 00
Orne, James H.	100 00	Palmer, Jonathan & Co.	100 00
Oakford, Charles	100 00	Palethorp, John H.	100 00
Okie, J. B.	100 00	Paschall, Robert S.	100 00
Ogden, Charles S.	100 00	Peters, Francis	100 00
Otto, Margaret J.	100 00	Pierpont, Frances	100 00
Oat, George R.	75 00	Potter, Thomas	100 00
Ogden, John M.	50 00	Perot, Joseph	60 00
Osbourne, Lewis G.	33 33	Paul, Daniel	50 00
		Paul, Daniel, Jr.	50 00
		Price, Joshua L.	50 00
Pennock, Caspar W., M. D.	1000 00	Price, Stephen S.	50 00
Perot, Charles	700 00	Pratt, D. T.	30 00
Poultney, Chas. W.	600 00	Queen, James W.	100 00
Powers, Thomas H.	600 00		
Pancoast, Joseph, M. D.	500 00	Roberts, A. S. & E.	2000 00
Pardee, A.	300 00	Richardson, Thomas & Co.	1250 00
Parke, Hannah	300 00	Rankin, David	1000 00
Packer, Asa	250 00	Ridgway, John J.	1000 00
Potts, Wm. F.	250 00	Rogers, Evans	1000 00
Page, G. Washington	200 00	Ronaldson, Richard	1000 00
Pardee & Co.	200 00		

Rice, John	500 00	Sparks, Thomas	2000 00
Rogers, Chas. H.	500 00	Scull, David	1000 00
Ross, Robert J., of Har-		Stewart, William H.	1000 00
risburg, Pa.	500 00	Seybert, Henry	1000 00
Richardson, Richard	500 00	Steadman, Rosa	1000 00
Ridgway, Thomas	300 00	Swift, Joseph	1000 00
Roberts, Solomon W.	300 00	Stuart, George H.	600 00
Rosengarten, Geo. D.	300 00	Sansom, Hannah	500 00
Reeves, Samuel J.	250 00	Sharpless, John M., of	
Randolph & Jenks	200 00	Chester, Pa.	500 00
Richards, Geo. W.	200 00	Shipley, Joseph of Wil-	
Redner, Joseph J.	121 50	mington, Del.	500 00
Roberts, Mrs. Hugh	100 00	Smith, Joseph Pancoast	500 00
Richards & Miller	100 00	Smith, Newberry A.	500 00
Richards, William H.	100 00	Spangler, Christian E.	500 00
Rhoads, Samuel	100 00	Smith, Jacob R.	350 00
Robins, Thomas	100 00	Smith, William S. & Co.	300 00
Robbins, John, Jr. (Ken-		Stevenson, Cornelius	300 00
sington),	100 00	Stevenson, Frances W.,	
Relf, Charles P.	100 00	of N. Y.	300 00
Rue, John R.	100 00	Stokes, Samuel E.	300 00
Riddle, Samuel, Delaware		Saunders, J. & M.	200 00
Co., Pa.	100 00	Scull, Gideon	200 00
Reynolds, Anna R.	100 00	Shannon, Elwood	200 00
Rutter, Newhall & Co.	100 00	Sharpless, Enos	200 00
Rutter, Clement S.	100 00	Sharpless & Brother	200 00
Repplier, John G.	100 00	Shoemaker, R. & Co.	200 00
Ricketts, John T.	100 00	Smith, Edward A., M. D.	200 00
Randolph, Richard	100 00	Smith, George, M. D., of	
Rowland, William	100 00	Del. County, Pa.	200 00
Rowland, James & Co.	100 00	Smyth, Lindley	200 00
Ryers, Joseph W.	100 00	Starr, Isaac	200 00
Rockhill & Wilson	100 00	Stone, John & Sons	200 00
Rowland, Benjamin	100 00	Struthers, Thomas of	
Rugan, Charles	100 00	Warren Co., Pa.	200 00
Rehn, William L.	100 00	Schaffer, Wm. L.	150 00
Randall, A. L.	50 00	Simmons, Samuel R.	150 00
Reilly, Philip	50 00	Starr, James	150 00
Reed, Wm. B.	50 00	Shannon, Jacob B.	100 00
Richardson, John J.	50 00	Simmons, Edward S.	100 00
Riegel, Jacob	50 00	Stevenson, William E.	100 00
Robb, James	50 00	Stokes, Granville	100 00
Reath, Benj. B.	30 00	Small, Robert H.	100 00
Richardson & Carver,	30 00	Spooner, William S.	100 00
Ritter, Jacob B.	30 00	Spooner, Edwin	100 00

Stratton & Brother	100 00	Stotesbury, Richard G.	50 00
Stroup & Brother	100 00	Sharpless, Edward	30 00
Steen, Robert	100 00	Sharpless, Joseph I.	30 00
Schott, James	100 00	Smith, Geo. K.	30 00
Sons of Malta	100 00	Stoddart, Curwen & Bro.	30 00
Shoemaker, Charles	100 00	Smith, Harrison	25 00
Sloan, Henry	100 00	Stokes, Charles	10 00
Sloan, Samuel, architect	100 00		
Silver, Joseph S.	100 00	Tasker, Thomas T., Sr.	2500 00
Sellers, William & Co.	100 00	Tatham & Brothers	1250 00
Sellers, William	100 00	Taylor, Charles	1000 00
Struthers, William	100 00	Thomas, John R. & Geo.	1000 00
Sellers & Pennock	100 00	Taylor, Gillespie & Co.	500 00
Slade, Alfred	100 00	Thompson, J. Edgar	500 00
Schaeffer, J. L.	100 00	Towne, John H.	500 00
Simes, Samuel	100 00	Trotter, Charles W.	450 00
Sloat, George B.	100 00	Thompson, John J.	300 00
Shuster, Lawrence	100 00	Trotter, William H.	300 00
Stillé, Maria	100 00	Trotter, Edward H.	300 00
Stitt & Brown	100 00	Taylor, Joseph W., M. D.,	
Sieger, Peter	100 00	of Burlington, N. J.	200 00
Swift, Edwin	100 00	Taylor, George E.	200 00
Stuart & Peterson	100 00	Thurlo, Hughes & Co.	200 00
Smith, Daniel, Jr.	100 00	Tilge, Henry & Co.	150 00
Smith, Samuel F.	100 00	Taylor, William	100 00
Smith, Alexander H.	100 00	Taylor, Mrs. Virginia, of	
Smith, John T.	100 00	Norfolk, Va.	100 00
Smith, James S., Jr.	100 00	Taylor, Nathan	100 00
Smith, Geo. R., Arch St.	100 00	Taylor, Mary A.	100 00
Smith, Cornelius (instock)	100 00	Thomas, Jane	100 00
Stoddart, Curwen	60 00	Thomas, George	100 00
Sartori, Victor A.	50 00	Thomas, Moses	100 00
Savage, J. R. & Co.	50 00	Thomas, Moses & Son	100 00
Sharpless, Wm. P. & A.	50 00	Thomas, William G.	100 00
Sheppard, Catharine W.	50 00	Thompson, Newcomb B.	100 00
Shober, John B.	50 00	Thompson, George	100 00
Shober, Samuel L.	50 00	Thomson, George H.	100 00
Sibley, Molton & Wood-		Thomson, Wm. & Geo.	100 00
ruff	50 00	Thomson, Lewis & Co.	100 00
Smith, Thomas M.	50 00	Thurlo, Paul	100 00
Spooner, David C.	50 00	Trucks, John	100 00
Smith, Edmund	50 00	Tyson, Job R.	100 00
Starr, Isaac, Jr.	50 00	Turnpenny, Jos. C.	100 00
Stevens & Miller	50 00	Taws, Lewis	100 00
Stillé, Alfred, M. D.	50 00	Tredick, Benjamin T.	100 00

Thain & McKeone	100 00	Welsh, Mrs. Samuel	500 00
Trump, Michael & Son	100 00	White, Ambrose	500 00
Townsend, Joseph B.	100 00	White, Rebecca	500 00
Taylor, Geo. W.	50 00	Willing, Richard	500 00
Thomas, Joseph M.	50 00	Wilmer, John R.	500 00
Thomson, T.	50 00	Wilson, Rathmell	500 00
Thomas, Isaac, M. D., of		Wilstach, Wm. P.	500 00
Westchester, Pa.	30 00	Wainwright, William	300 00
Townsend, Henry C.	30 00	Watson, Geo. W.	300 00
Townsend, Solomon	30 00	Williamson, Isaiah V.	300 00
Taylor, James, of West-		Worthington, Henry R.,	
chester, Pa.	15 00	of N. Y.	300 00
		Wagner, Mrs. Tobias	250 00
Urwiler, George	45 25	Wickersham, Morris S.	250 00
		Williamson, Passmore	250 00
Vansyckel, Mrs. S. B.	200 00	Womrath, George F.	250 00
Verree & Mitchell,	100 00	Weber, John C.	200 00
Vaux, Eliza H.	100 00	Welsford & Wilson	200 00
Vaux, Wm. S.	50 00	Wharton, Francis R.	200 00
Vaux, George	30 00	Whelan, E. S.	200 00
		White, William R.	200 00
Wright, John	500 00	Williams, Thomas R.	200 00
Do. legacy,		Wistar, Mifflin, M. D.	200 00
10 000, less		Woodnut, William	200 00
State tax &		Wood & Perot	200 00
interest, al-		Worrell, Albert	200 00
lowed Ex'rs		Worrell, John R.	200 00
for prompt		Wright, James A.	200 00
payment	8,879 34	Wurts, Charles S.	200 00
	9,379 34	Whetham, James D.	166 67
Waln, S. Morris	2000 00	Whitaker, Robert	150 00
Welsh, Samuel	2000 00	Willing, Charles, M. D.	150 00
Welsh, William	1500 00	Warner, William, Jr.	100 00
Welsh, John	1500 00	Warner, Geo. W.	100 00
Whitall, John M.	1500 00	Warner, Miskey & Merrill	100 00
Wood, Geo. B., M. D.	1500 00	Williamson, Mahlon	100 00
Whitney, Asa & Son	1225 00	Williams, Isabella	100 00
Warner, Joseph	1000 00	Williams, Isaac S.	100 00
Wood, Horatio C.	1000 00	Williams, Howard	100 00
Wood, Richard D.	1000 00	Williams & Co. (R. A.	
Wagner, Tobias	750 00	& J. J.)	100 00
Williamson, Thomas	750 00	Williams, B. P. & Co.	100 00
Williams, Henry J.	700 00	Williams, Mary Ann	100 00
Weightman, William	600 00	Wilmer, J. Ringgold	100 00
Waterman, Osborne & Co.	500 00	Wilson, William S.	100 00

Wilson, William & Son	100 00	Warner, Harriet	50 00
Wilson, Joseph P., of Westchester	100 00	Wetherill, Charlotte W.	50 00
White, Thomas H.	100 00	Wetzlar, D. N.	50 00
Wattson, Lewis T.	100 00	Woodside, John & Co.	50 00
Watson, James V.	100 00	Wright, Samuel	50 00
Wattson, Thos. B.	100 00	Waterman, Isaac S.	33 34
Wharton, Thomas F.	100 00	Walker, John R.	30 00
Wistar, Elizabeth	100 00	Way, J. T.	30 00
Wallace, John W.	100 00	Weist, John	30 00
Walley, Samuel	100 00	Wetherill, Rachel P.	30 00
Weaver, George J.	100 00	Wilson, Oliver Howard	30 00
Warder, Benj. H.	100 00	Wistar, Bartholomew	26 67
Wilcox, Mark	100 00	Wistar, Caleb C.	26 67
Wise, Pusey & Wise	100 00	Wistar, Dillwyn	26 67
Winebrenner, David S.	100 00	Yarnall, Edward	1000 00
Wiegand, John	100 00	Yarnall, Charles	500 00
Woelpper, David	100 00	Young, Alexander	300 00
Weaver & Volkmar	100 00	Yard, Gillmore & Co.	200 00
Warnick, C. W.	100 00	Yarnall, Ellis	200 00
West, Robert	100 00	Young, Charles	133 33
Wilson, Thomas, M. D.	100 00	Yeaton, Wm. H.	100 00
Wright, R. & G. A.	100 00	Yarnall, Howard	50 00
Wetherill, George D.	70 00	Yardley, Mary Ann	30 00
Warner, Catharine A.	50 00	Young, Wm. J.	30 00

SUBSCRIBERS
TO THE
FUND FOR FURNISHING
THE NEW
PENNSYLVANIA HOSPITAL FOR THE INSANE,
(DEPARTMENT FOR MALES.)
AT
PHILADELPHIA.
[FROM THE MINUTES OF THE LADIES' COMMITTEE.]

COLLECTING COMMITTEE FOR THE FURNISHING FUND.

Mrs. ELIZABETH W. HORNER, <i>President.</i>	Miss MARY ANNA LONGSTRETH,
Mrs. MARY R. WELSH, <i>Secretary.</i>	Miss MARY A. RHOADS,
Mrs. ELIZABETH FARNUM, <i>Treasurer.</i>	Mrs. LETITIA L. CRESSON,
Mrs. ELIZABETH T. WELSH,	Miss SUSAN LINNARD,
Miss JULIANA RANDOLPH,	Mrs. ELIZA GIBBONS,
Mrs. CAROLINE PENNOCK,	Mrs. MARY W. VAUX,
Miss ELIZABETH LEWIS,	Miss ANNIE WALN,
Miss MARY ANNA BURGIN,	Miss H. B. BENNERS,
Miss SUSAN DICKSON,	Miss JANE ASHBRIDGE,
Miss SARAH CUYLER,	Miss ELIZABETH P. SMITH.

SUBSCRIBERS TO FURNITURE FUND.

Ashbridge, William	200 00	Bunting, Jacob T.	25 00
Ashbridge, Jane	100 00	Benson, Alex.	25 00
Andrade, Joseph	100 00	Brown, Mrs. D. S.	25 00
Ashbridge, Thomasin	50 00	Brewster, Benj. H.	25 00
Ashhurst, Mrs. Lewis R.	50 00	Biddle, Miss A. E.	25 00
Archer & Warner	20 00	Barcroft, Mrs. S. B.	25 00
Allen, R.	10 00	Boyd, Miss	20 00
Abbott	10 00	Brown, Mrs. W.	20 00
Anable, Miss	5 00	Bodine, Sam'l T.	20 00
Aertsen, Miss	1 00	Bussier, Mrs. D. P.	10 00
A Poor Man	50	Benson, M. J.	10 00
		Brown, Miss Fanny	10 00
Borie, Mrs. A. E.	100 00	Brown, Miss Mary H.	10 00
Black, John	100 00	B. A. C.	10 00
Biddle, Mrs. Christine	100 00	Bishop, Uriah H., furni-	
Biddle, Alex.	100 00	ture	10 00
Barclay, Andrew C.	50 00	Barker, Mrs.	5 00
Burgin, Geo. H., M. D.	50 00	Brown, David Paul	5 00
Benness, Henry B.	50 00	Busby, George	5 00
Brown, Mrs. Moses	50 00	Busby, Mrs.	5 00
Ball, Mrs.	50 00	Busby, John	5 00
Binney, Mrs. Horace	50 00	Busby, E. H.	5 00
Blight, Atherton	50 00	Bispham, Mrs. S.	5 00
Brown, Mrs. John A.	50 00	Burroughs, Mrs.	5 00
Budd, Mrs. J. B.	50 00	Bacon, H. H.	5 00
Baker, Abraham	30 00	B. Miss J.	5 00
Brown, William	30 00	B., Miss M. M.	5 00
Boggs & Kirk	25 00	Buzby, J. L.	1 00
Baker, M. V.	25 00	Bright, Miss W.	5 00
Bayard, Mrs. James	25 00		
Brown, T. Wistar	25 00	Casamajor, Prudent, of	
Bucknell, Mrs.	25 00	Cuba	500 00
Beesley, Dr. T. E.	25 00	Cope, Alfred	100 00

Cope, Henry	100 00	Drake, Mrs. Thos.	100 00
Croskey Henry & Co.,	100 00	Dulles, Mrs. Jos. H.	100 00
Campbell, Archibald	100 00	Davis, Benjamin	50 00
Cash (through W. H. W.)	50 00	Desilver, H. T.	50 00
Cooper, Miss H.	50 00	Drayton, W. Heyward	50 00
Crozer, Mrs.	50 00	Dixon, Miss	50 00
Cuyler, Theodore	50 00	Dixon, Miss M.	50 00
Cummins, Mrs. D. B.	50 00	Dale, Mrs. R. C.	50 00
Cannell, Mrs. S. W.	50 00	Dallett, Mrs. John	50 00
Cresson, Joseph	30 00	Davis, Mary W.	25 00
Cresson, Priscilla, a melodeon.		Destouet, S.	25 00
Carter, John	30 00	Dreer	5 00
Cresson, M. A.	25 00	Dickson, Thos. S.	1 00
Cresson, R. G.	25 00		
Cresson, L. L.	25 00	Evans, Miss Jane	50 00
Cooper, William	25 00	Erwin, Mrs. John H.	50 00
Caldwell, James E. & Co.	25 00	Evans, Wm., Jr.	30 00
Cope, Francis R.	25 00	Ely, R. & M.	30 00
Clark, Edward S.	25 00	Emerson, Dr.	25 00
Code, T. P.	25 00	Ely, Miss	25 00
Colkit, Coffin	25 00	Eastwick, Mr.	25 00
Coleman, Mrs. James	25 00	Earl, Mrs. Harrison	10 00
Cope, E. W.	20 00	Earp, Miss Hannah	10 00
Carter, John E.	20 00	Erringer, Mr.	5 00
Coleman, Mrs. Edward	20 00	Eckfeldt, Adam	5 00
Croll, Mrs. M. I.	10 00	Elfreth, Mary	2 00
Craig, Andrew C.	10 00		
C. L.	10 00	Fling, Mrs. W. B.	100 00
Curry, W. H.	10 00	Fisher, Eliza G.	100 00
Clark, S. A.	10 00	Fisher, Ellen	100 00
Campbell, Mrs. James R.	10 00	Farnum, Geo. W.	100 00
Clapier, Mrs.	5 00	Farnum, J. Edward	100 00
Chauncey, Miss H.	5 00	Firth, Thomas	50 00
Canby, Samuel	5 00	Fullerton, Mrs. Alex.	50 00
Cowell, John V.	5 00	Fox, Miss Mary	50 00
Clark, Mrs. E. W.	5 00	Fisher, Mrs. W. W. and	
Care, S. H.	5 00	Miss	50 00
Campion, N. B.	5 00	Fahnestock, Mrs. G. W.	30 00
Chancellor, W.	5 00	Fraley, J. C.	25 00
Claghorn, Mrs. J. W.	5 00	Fell, Mrs. J. G.	25 00
Cash (through Mrs. Hol-		Fell, Miss Mary I.	25 00
man)	5 00	Fahnestock, Mrs.	20 00
Carll, James H.	5 00	Fisher, Mrs. Sally	20 00
Cash, sundry amounts		Fisher, Miss	10 00
without names	645 00	Ferguson, Mrs. Charles	5 00

Friend, a	5 00	Holsman, Mrs.	10 00
Fennel, W.	2 50	Hood, S.	5 00
		Horner, A.	5 00
Games, from different parties.		Hatfield, Dr.	5 00
Grigg, John	100 00	Harris, Mrs. M. A.	5 00
Greeves, Elizabeth	100 00	Henry, Mrs. I. S.	5 00
Gumbes, Rebecca	50 00		
Gentleman, a	50 00	Ingersoll, Jos. R.	50 00
Gratz, R. H.	25 00	Irwin, Mrs. John H.	50 00
Gillespie, Mrs. W.	25 00		
Godey, L. A.	20 00	Jeanes, Joseph	50 00
Garrison, David R.	20 00	Jeanes, Joshua T.	50 00
Garrett, Thomas C.	15 00	Jones, Mrs. Samuel W.	50 00
Germantown friend	10 00	Jones, Mrs. B. M.	50 00
Gratz, Mrs. Robert H.	10 00	Jones, W. D.	25 00
Glenn, Mrs.	5 00	Johnston, Mary	25 00
Goodwin, Phebe	5 00	Jessup, Mrs.	25 00
Graff, Miss	2 00	Jacobs, Mrs. C. S.	20 00
Graff, Miss C.	2 00	James, Kent, Santee & Co.	20 00
		Janney, B.	5 00
Horner, Mrs. E. W.	200 00	James, Mrs.	2 50
Helmuth, Mrs. & Mr.	100 00		
Harrison, Mrs. Geo. L.	100 00	Kirk, Wm.	25 00
Hulme, John	50 00	Kenney, John B.	10 00
Hutchinson, Jos. H., M. D.	50 00	Kirkpatrick, J. T.	10 00
Hutchinson, Chas. H.	50 00	K., Mrs. J. D. L.	5 00
Hodgson, Mrs. M. A.	50 00		
Horstmann, Mrs.	50 00	Law, Mrs. Edward	100 00
Hallowell, Morris L.	50 00	Lewis, Miss M.	100 00
Hopkins, Edward M.	50 00	Lewis, Miss E.	100 00
Haines, Jane	50 00	Lewis, Miss S.	100 00
Hacker, Jeremiah	30 00	Lapsley, Mrs. Anna W.	100 00
Haines, Josiah	25 00	Longstreth, Mary Anna	100 00
Hopper, W.	25 00	Livezey, Mrs. S. M.	50 00
Hurley, Aaron A.	25 00	Lowber, Mrs. and Miss	50 00
Holland, Miss	25 00	Longstreth, Joshua	50 00
Haines, Robert B.	15 00	Lewis, Mrs. and Miss	50 00
Hunter, Mary	15 00	Lennig, Mrs. Frederick	50 00
Hibberd, Mary	15 00	Lewis, F. Mortimer	50 00
Hodge, Mrs. M. E.	10 00	Leamy, Miss A.	50 00
Hone, Mrs.	10 00	Lewis, Lawrence, Jr.	50 00
Haseltine, J.	10 00	Lewis, Mrs. A. M.	50 00
Hopper, Thos. C.	10 00	Lady, a	30 00
Huddy, Mrs. B. F.	10 00	"	25 00
Huber, Jas. S.	10 00	"	25 00

Lewis, Miss Kate	25 00	Newhall, T. A.	100 00
Lovering, Jos. S.	25 00	Newbold, Mrs. W. H.	25 00
Lewis, Theo. T.	25 00	Norris, Mrs. E. H.	20 00
Lejee, Mrs. W. R.	25 00	Norris, Mrs. Isaac	20 00
L. R. J.	20 00	Norris, Miss Hannah F.	10 00
Longstreth, W.	20 00	Neal, Daniel	10 00
Lancaster, J. B.	20 00	Nathans, Mr.	5 00
Lloyd, Susan P.	10 00	Newlin, Mrs. Jane	5 00
Lindsay, Mrs. John	10 00		
Lewis, Samuel A.	10 00	Orne, J. T. & E. B.	40 00
Lee, Miss Fannie	10 00	Orne, Mr.	10 00
Lady, a	10 00		
Lippincott, Mary	5 00	Patterson, Mrs. Morris	100 00
Lipman,	5 00	Pepper, Geo. S.	100 00
Lippincott Isabella	5 00	Preston, Jane	100 00
L. S.	4 00	Powers, Mrs. A. M.	50 00
L., Miss A. W.	2 50	Pennock, Sallie W.	50 00
		Pennock, Caroline	50 00
Morris, Stephen	100 00	Pleasants, Mary T.	50 00
Massey, Collins & Co.	100 00	Pepper, Mrs. Mary	30 00
Morrison, Anne D.	50 00	Parrish, George D.	30 00
McKean, Mrs. H. P.	50 00	Price, Eli K.	30 00
Magargee Chas.	25 00	Painter, Marshall & Jacob	25 00
McAllister, John	25 00	Paul, Mrs. S.	25 00
Morris, Mrs. I. P.	25 00	Parry, Rachel R.	25 00
Maris, Mrs. T. R.	25 00	Pepper, W. P.	25 00
Manderson, A.	25 00	Perot, Mary W.	20 00
Marsh, Benj. V.	25 00	Pugh, H. A.	10 00
Macalester, Miss Lillie L.	25 00	Parvin, W. & Co.	10 00
Miller, John C.	20 00	Pratt, Thos.	10 00
Miller, W.	20 00	Porter, Mrs.	5 00
Miles, Mrs. Edward	10 00	Peterson, Mrs. Chas. J.	5 00
Member of St. Stephen's		Perot, Mrs. Frances	5 00
Church	10 00	Phipps, Sarah	5 00
Murtha, J. P.	10 00	Porter, W. A.	5 00
Miller, Hannah	10 00	Perkins, S. H.	5 00
Meyers, H. M.	5 00	Patterson, R.	5 00
Matlack, Sarah Ann	5 00	Patterson, Mrs. R.	5 00
Middleton, Isabella	5 00	Potts, Emily	5 00
McHugh, Mrs.	5 00	Parrish, Edward	2 00
Middleton, Lydia	2 50		
Montmollin, Adelaide,	2 00	Queen, Jas. W. & Co.	20 00
Martin, Mrs. O.	2 00		
		Rhodes, Miss E.	100 00
Neilson, Mrs. Robert	100 00	Roberts, Mrs. Edward	100 00

Richardson, Hannah	50 00	Steiner, D. P.	10 00
Richardson, John	50 00	Sill, Mrs. Joseph	10 00
Randolph, Evan	50 00	Symington, Miss Mary T.	5 00
Randolph, Juliana	50 00	Symington, Matilda W.	5 00
Randolph, Richard	50 00	Styles, H. A.	5 00
Robins, Mrs. Thos.	50 00	Springs, W. L.	5 00
Robinson, Moucure	50 00	Staley, Mrs. A.	5 00
Rhoads, Mary A.	50 00	Schott, Miss Mary W.	5 00
Rhoads, Chas.	30 00	Smith, Miss E. P.	5 00
Rosengarten, Mr.	25 00	Sulger, The Misses	2 00
Rubicam, Chas.	20 00	Snodgrass, Mrs.	2 00
Roberts, Algernon S.	20 00		
Roberts, Mrs. Algernon	20 00	Taylor, Mrs. Chas.	100 00
Ross, John	15 00	Tesseire, Mrs.	50 00
Rogers, Evans	10 00	Thompson, Wm. R.	25 00
Reed, R. S.	10 00	Thomas, Moses	25 00
Relf, Mrs. John	10 00	Thomas, Anna	25 00
Roberts, Lydia	10 00	Taylor, Mrs. J. D.	25 00
Robbins, Rev. J. W.	10 00	Thomas, John D.	10 00
Randolph, Mrs. J.	5 00	Tilge, Mrs. Henry	10 00
Ridgway, Mrs. Sarah	2 00	Thompson, Lavinia	6 00
		Tobey, Mrs. Sam'l	5 00
Smith, Geo. P.	100 00	Tevis, Mrs. B.	5 00
Smith, The Misses	100 00	Tingley, Mrs.	5 00
Smith, Mrs. Newberry A.	100 00	Twells, S. A.	5 00
Stewart, Mrs. Wm. H.	100 00		
Stuart, Mrs. Geo. H.	100 00	Valentine, Rob't	10 00
Smith, Lindley	50 00	Vaux, Wm. S.	5 00
Smith, Jacob R.	50 00		
Starr, Mrs. Isaac	50 00	Welsh, Mrs. Samuel	250 00
Sharpless Brothers	50 00	Welsh, Miss Rebecca M.	100 00
Sharpless, Townsend	50 00	Welsh, Miss Josephine E.	100 00
Stokes, Jos. W.	30 00	Welsh, Mrs. Mary R.	100 00
Swain, Mrs.	25 00	Welsh, Miss Anna M.	100 00
Spencer, Chas.	25 00	Wistar, Sarah	100 00
Salomon, Mrs. David	25 00	Williamson, Thos.	100 00
Smith, Mrs. J. P.	20 00	Whitall, Mary	100 00
Scattergood, Jos.	20 00	Whitney, Mrs. Asa	100 00
Smith, Mrs. J. J.	15 00	Workmen in Gasmeter	
Stockham, George	15 00	Factory of Code, Hop-	
Smith, Mrs. Wm.	10 00	per & Gratz	85 00
Stiles, Mr.	10 00	Wetherill & Bros.	50 00
Savage, W. L.	10 00	Waterman, Osborn & Co.	50 00
Styles, Henry	10 00	Welsh, John, Jr.	50 00

Wattson, Thos. B.	50 00	Workman & Co.	10 00
Wilson, Jos. R., West-		Wright, Rich'd	5 00
chester	50 00	Wiegand, Mrs.	5 00
Wagner, Mrs. Tobias	50 00	Willing, Mrs. C.	5 00
White, W. R.	25 00	Whitman, Mrs.	5 00
Warner, Martha Ann	25 00	Whitman, W. E.	5 00
Willing, Mrs. Chas.	25 00	Ward & Bro.	5 00
Wetherill, Charlotte	20 00	Wyeth, Mr.	5 00
Watson, Miss H. C.	20 00	Wernwag, Mrs.	2 50
Wood, Caroline	10 00	Wilmer, Mrs. J. Ringgold	2 50
White, J. D.	10 00	Workman, Mrs.	2 50
Warder, Ann	10 00		
Wallett, Mr. M. F.	10 00	Yarnall & Cooper	80 00
Wurts, Miss Eliza	10 00		



R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1863.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1864.

COLLINS, PRINTER

OFFICERS OF THE INSTITUTION.

MANAGERS.

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MARGARET C. RICHARDS.	MARGARET N. WISTAR.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN obedience to the requisitions of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his twenty-third Annual Report.

At the date of the last report there were 285 patients in the institution, since which 193 have been admitted and 193 have been discharged or died, leaving 285 under care at the close of the year.

The total number of patients in the hospital during the year was 478. The highest number at any one time was 296; the lowest was 268; and the average number under treatment during the whole period was 282.

The number of males in the hospital during the year was 239, and the number of females was 239. The highest number of males at any one time was 144, and the highest number of females was 158. At the beginning of the year there were 143 males, and 142 females. At this date there are 139 males, and 146 females. The number of males admitted during the year was 96, and the number of females 97.

Of the patients discharged during the year 1863, were—

	Males.	Females.	Total.
Cured	44	44	88
Much improved	3	11	14
Improved	16	17	33
Stationary	18	9	27
Died	19	12	31
	<hr/>	<hr/>	<hr/>
Total	100	93	193

Of the patients discharged "cured," forty-one were residents of the hospital not exceeding three months; twenty-three between three and six months; fifteen between six months and one year; and nine for more than one year.

Of those discharged "much improved," three were under treatment less than three months; five between three and six months; two between six months and one year; and four for more than one year.

Of the "improved," five were under care less than three months; nine between three and six months; eight between six months and one year; and eleven for more than one year.

Of those discharged and reported "stationary," five were under care less than three months; six between three and six months; nine between six months and one year; and seven for a longer period than one year.

Nineteen males and twelve females have died during the year. Of these deaths, eight resulted from acute mania; one from chronic mania; three from organic disease (softening) of the brain; two from inflammation of the lungs; one from disease of the heart; three from apoplexy; two from chronic diarrhœa; three from gradual exhaustion, connected with the refusal of food;

three from old age ; one from suicide ; one from delirium tremens, and three from pulmonary consumption.

Of the patients who died, thirteen were admitted for mania, seven for melancholia, three for monomania, seven for dementia, and one for delirium.

Of those who died, ten were in the house less than one month ; six between one and three months ; four between three and six months ; one between six months and one year ; two between one and two years ; three between four and five years ; one between ten and fifteen years ; three between twenty and twenty-five years ; and one for more than twenty-five years.

PREMATURE REMOVALS.—Every year brings cause of regret, that patients are removed prematurely—without giving a proper trial of treatment—and that time is thus lost that, in the management of mental disorders, certainly can never be regained. It is peculiarly unfortunate, in such cases, that there is so prevalent a disposition to ignore the dearly acquired knowledge of those who have gone before us, and to be dissatisfied till we have arrived at the same conclusions, through our own experience, sad as it may be.

While there is now much less of this to regret than formerly, it is yet of sufficiently frequent occurrence to render it desirable, on every proper occasion, to impress on patients, and even still more particularly on their friends, that after avoiding injurious delay in placing a case under proper treatment, a steady perseverance in it, when once commenced, is above all other things the great secret of success in the management of the insane.

STATISTICAL TABLES.—As heretofore, carefully prepared statements of all the cases treated in this institution, from its opening in 1841, are presented in the following tables.

Wherever proper care is taken in the compilation of statistical tables, there can be little question but that they have a value at least equal to all the labor required for their preparation. Before any important deductions, however, can be made from such tables, the number of cases must be large and the period for observation somewhat extended. Because perfect accuracy cannot always be attained, is hardly a sufficient reason for not attempting to secure it.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	2192	1948	4140
Discharges or deaths	2053	1802	3855
Remain	139	146	285

TABLE II.—*Showing the ages of 4,140 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	2	4	Between 50 and 55	151	116	267
Between 10 and 15	6	13	19	“ 55 and 60	85	78	163
“ 15 and 20	118	128	246	“ 60 and 65	71	60	131
“ 20 and 25	331	279	610	“ 65 and 70	27	41	68
“ 25 and 30	342	311	653	“ 70 and 75	26	32	58
“ 30 and 35	287	242	529	“ 75 and 80	16	11	27
“ 35 and 40	304	239	543	“ 80 and 85	1	3	4
“ 40 and 45	213	231	444	“ 85 and 90	—	—	—
“ 45 and 50	212	161	373	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 2,192 male patients.*

Farmers	308	Contractor	1
Merchants	208	Author	1
Clerks	166	Tanners	6
Physicians	43	Artists	18
Lawyers	39	Hairdresser	1
Clergymen	25	Police Officers	6
Masons	21	Machinists	34
Umbrella-makers	3	Plane-maker	1
Printers	22	Iron-masters	2
Teachers	35	Weavers	26
Officers of the Army	9	Bricklayers	11
“ “ Navy	12	Brickmakers	4
Students	47	Sail-makers	4
“ of Medicine	14	Cooper	1
“ of Law	5	Jewellers	13
“ of Divinity	8	Potter	1
Saddlers	11	Chair & Cabinet makers	22
Peddlers	13	Blacksmiths	27
Tobacconists	20	Watchmakers	4
Carpenters	77	Hotel Keepers	27
Bakers	13	Second-hand dealers	3
Seamen and Watermen	47	Cap Manufacturer	1
Planters	29	Locksmiths	3
Manufacturers	47	Millers	14
Coachmen	3	Glassblowers	2
Druggists	19	Wheelwrights	6
Laborers	167	Gardeners	9
Engineers	15	Chemists	4
Plasterers	11	Print Cutters	2
Bank Officer	1	Curriers	2
Conveyancer	1	Tailors	38
Bookbinders	6	Shoemakers	72
Hatters	6	Brokers	6
Rope-makers	3	Waiter	1
Tinmen	14	Stove-makers	2
Painters	18	Dentists	2
Brush-maker	1	Victuallers	10
Paper-hangers	2	Soldiers U. S. A.	8
Boat-builder	1	Brewer	1
Carver	1	Coach-trimmers	2
Confectioners	12	Auctioneer	1
Coach-maker	1	Plumber	1
Public Officers	2	Type Founder	1
Shipwright	1	Telegraph Operator	1
Collector	1	No occupation	282

TABLE IV.—*Showing the occupation of 1,948 female patients.*

Seamstresses, or Mantua-makers	200	Wives of Plasterers	2
Storekeepers	16	“ Engineers	6
Attendants in stores	8	“ Artists	10
Cigar-makers	3	“ Bricklayers	2
Teachers	52	“ Paper-maker	1
Domestics	222	“ Collectors	3
Nurses	14	“ Brickmakers	3
Artists	3	“ Seamen	8
Factory Girls	3	“ Merchants	124
Physician	1	“ Physicians	19
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Lawyers and Judges . . .	22
<i>Daughters of</i> Farmers . . .	96	“ Shoemakers	25
“ Merchants	101	“ Hatters	5
“ Masons	2	“ Cabinet-makers	12
“ Bank Officers	4	“ Laborers	114
“ Weavers	5	“ Grocers	5
“ Laborers	16	“ Clergymen	15
“ Sea Captains	3	“ Tobacconists	3
“ Auctioneer	1	“ Weavers	11
“ Innkeepers	3	“ Sea Captains	2
“ Teachers	8	“ Victuallers	7
“ Carpenters	8	“ Brush-makers	2
“ Paper-makers	2	“ Tailors	17
“ Physicians	9	“ Millers	6
“ Planters	20	“ Police Officers	4
“ Watchmaker	1	“ Carpenters	23
“ Curriers	3	“ Druggists	12
“ Clerks	21	“ Planters	9
“ Engineer	1	“ Peddlers	4
“ Clergymen	7	“ Manufacturers	31
“ Miller	1	“ Broker	1
“ Public Officers	13	“ Tanners	6
“ Officer of Army	1	“ Officers of the Army . . .	5
“ “ Navy	1	“ “ Navy	1
“ Lawyers	10	“ Plumbers	3
“ Machinists	5	“ Blacksmiths	7
“ Bricklayers	2	“ Bakers	4
“ Chair-maker	1	“ Confectioners	2
“ Manufacturers	5	“ Hair-dresser	1
“ Tailors	3	“ Contractors	2
“ Waterman	1	“ Dentist	1
“ Bakers	4	“ Watchmaker	1
“ Printers	4	Of the <i>Widows</i> similarly situated, were—	
“ Shoemakers	3	<i>Widows of</i> Merchants . . .	40
“ Druggist	1	“ Physicians	7
“ Artists	3	“ Public Officers	9
“ Brickmaker	1	“ Sea Captains	5
“ Blacksmiths	2	“ Hotel Keepers	3
Of the <i>Married</i> similarly situated, were—		“ Shoemakers	18
<i>Wives of</i> Clerks	52	“ Clergymen	3
“ Teachers	10	“ Farmers	40
“ Farmers	175	“ Coopers	3
“ Brass Founders	4	“ Laborers	21
“ Gardeners	5	“ Manufacturers	8
“ Saddlers	4	“ Lawyers	4
“ Printers	4	“ Carpenters	5
“ Machinists	18	“ Clerks	8
“ Masons	2	“ Tanner	1
“ Painter	1	“ Teachers	2
“ Stage Owners	2	“ Planters	5
“ Cutler	1	“ Bricklayers	2
“ Bank Officers	6	“ Painter	1
“ Innkeepers	23	“ Seamen	7
“ Book-binder	1	“ Engravers	2
“ Tinman	1	“ Engineers	4
		“ Machinists	3
		“ Mason	1
		“ Printer	1
		“ Blacksmith	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 4,140 patients.*

	Males.	Females.	Total.
Single	1123	810	1933
Married	975	891	1866
Widows	—	247	247
Widowers	94	—	94

TABLE VI.—*Showing the nativity of 4,140 patients.*

Natives of Pennsylvania	2259	Natives of England	191
“ New Jersey	199	“ Scotland	29
“ Delaware	87	“ Ireland	531
“ Maryland	118	“ Germany	220
“ Virginia	61	“ Poland	8
“ North Carolina	41	“ Prussia	8
“ South Carolina	42	“ Switzerland	5
“ Georgia	22	“ Bermuda, W. I.	2
“ Alabama	12	“ Jamaica, “	1
“ Tennessee	11	“ St. Domingo, “	3
“ Indiana	4	“ Barbadoes, “	3
“ Kentucky	16	“ Cuba, “	3
“ D. of Columbia	10	“ Guadaloupe, “	1
“ Maine	6	“ Martinique, “	1
“ Massachusetts	35	“ St. Croix, “	1
“ Connecticut	27	“ St. Thomas	1
“ Missouri	3	“ Isl. of Madeira	1
“ Ohio	16	“ Isle of Man	1
“ New Hampshire	3	“ Spain	1
“ Louisiana	14	“ Italy	1
“ Rhode Island	5	“ Denmark	2
“ New York	88	“ Holland	1
“ Mississippi	6	“ Austria	4
“ Vermont	2	“ Bavaria	2
“ West Virginia	1	“ Venezuela, S. A.	1
“ Nova Scotia	2	“ Norway	1
“ Canada	13	“ Costa Rica	1
“ France	12	Born at Sea	1

TABLE VII.—*Showing the residence of 4,140 patients.*

Residents of Pennsylvania	3503	Residents of Iowa	3
“ New Jersey	123	“ Massachusetts	6
“ Delaware	67	“ Connecticut	4
“ Maryland	84	“ Maine	3
“ Virginia	44	“ Rhode Island	4
“ West Virginia	1	“ New York	47
“ D. of Columbia	19	“ Florida	1
“ North Carolina	36	“ Wisconsin	1
“ South Carolina	31	“ California	3
“ Georgia	23	“ Oregon	1
“ Alabama	13	“ Minnesota	1
“ Louisiana	26	“ Jamaica, W. I.	1
“ Tennessee	6	“ Barbadoes, “	4
“ Kentucky	13	“ Cuba, “	5
“ Arkansas	3	“ St. Croix, “	1
“ Mississippi	6	“ St. Thomas	1
“ Vermont	1	“ Isl. of Madeira	1
“ Texas	4	“ Germany	2
“ Illinois	6	“ Venezuela, S. A.	2
“ Michigan	1	“ England	1
“ Ohio	17	“ Norway	1
“ Indiana	9	“ Costa Rica	1
“ Missouri	10		

TABLE VIII.—*Showing the supposed causes of insanity in 4,140 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	352	330	682	Want of employment	37	—	37
Intemperance	256	16	272	Mortified pride	2	1	3
Loss of property	112	35	147	Celibacy	1	—	1
Dread of poverty	3	2	5	Anxiety for wealth	2	—	2
Disappointed affections	25	34	59	Use of opium	6	9	15
Intense study	35	10	45	Use of tobacco	6	—	6
Domestic difficulties	29	62	91	Use of quack medicines	2	1	3
Fright	12	22	34	Puerperal state	—	165	165
Grief, loss of friends, &c.	56	159	215	Lactation too long continued	—	7	7
Intense application to business	32	3	35	Uncontrolled passion	5	7	12
Religious excitement	66	78	144	Tight lacing	—	1	1
Political excitement	12	—	12	Injuries of the head	41	6	47
Metaphysical speculations	1	—	1	Masturbation	58	—	58
Want of exercise	6	2	8	Mental anxiety	121	148	269
Engagement in a duel	1	—	1	Exposure to cold	3	1	4
Disappointed expectations	6	11	17	Exposure to direct rays of the sun	33	1	34
Nostalgia	—	6	6	Exposure to intense heat	—	1	1
Stock speculations	2	—	2	Exposure in army	4	—	4
				Unascertained	865	830	1695

TABLE IX.—*Showing the ages at which insanity first appeared in 4,140 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	7	3	10	Between 45 and 50	153	128	281
Between 10 and 15	33	35	68	“ 50 and 55	89	84	173
“ 15 and 20	207	209	416	“ 55 and 60	67	77	144
“ 20 and 25	421	358	779	“ 60 and 65	45	30	75
“ 25 and 30	375	348	723	“ 65 and 70	17	11	28
“ 30 and 35	273	248	521	“ 70 and 75	11	6	17
“ 35 and 40	277	206	477	“ 75 and 80	9	3	12
“ 40 and 45	208	205	413	“ 80 and 85	—	3	3

TABLE X.—*Showing the forms of disease, for which 4,140 patients were admitted.*

	Males.	Females.	Total.
Mania	1024	934	1958
Melancholia	493	617	1110
Monomania	332	243	575
Dementia	334	150	484
Delirium	9	4	13

TABLE XI.—*Showing the duration of the disease at the time of admission in 4,140 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . .	1171	1081	2253
Between 3 and 6 months . .	142	137	279
“ 6 months and 1 year . .	269	229	498
“ 1 and 2 years	267	192	459
“ 2 and 3 “	108	84	192
“ 3 and 4 “	52	48	100
“ 4 and 5 “	45	30	75
“ 5 and 10 “	65	66	131
“ 10 and 15 “	35	30	65
“ 15 and 20 “	16	24	40
“ 20 and 25 “	7	12	19
“ 25 and 30 “	6	9	15
“ 30 and 35 “	2	3	5
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 4,140 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	1553	1382	2935	9th paroxysm	2	4	6
Second "	359	331	690	10th 2 m. 5 f., 11th 2 m. 4 f.	4	9	13
Third "	116	116	232	12th 1 m. 2 f., 13th 1 m. 1 f.	2	3	5
Fourth "	58	47	105	14th 1 m. 2 f., 17th 1 m. .	2	2	4
Fifth "	28	18	46	18th 3 m., 19th 1 m. . . .	—	4	4
Sixth "	45	10	55	20th & 21st each 1 m. & 1 f.	2	2	4
Seventh "	11	5	16	22d 1 m., and to 26th each 1 f.	1	5	6
Eighth "	5	7	12	27th 2 f., 29th 1 f. . . .	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 3,855 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1045	979	2024	1169	569	250	34	1
Much improved	155	187	342	155	115	54	18	—
Improved	309	296	605	235	170	100	100	—
Stationary	265	157	422	148	90	69	114	1
Died	279	183	462	206	94	26	126	11

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	332	327	152	46
2d "	325	208	104	32
3d "	389	323	176	35
4th "	395	317	153	46
5th "	405	351	170	44
6th "	406	347	177	34
7th "	315	371	194	40
8th "	303	368	201	46
9th "	321	331	173	40
10th "	337	337	180	34
11th "	313	297	169	31
12th "	299	314	175	34

GARDENS AND PLEASURE GROUNDS.—The pleasure grounds of this institution are of great value in the treatment of its inmates. Embracing for the two departments near one hundred acres, their fine natural features have been rendered peculiarly attractive by the extensive drives and walks which have been laid out, and scarce anything else about the establishment is in such general use and so much enjoyed by all classes of patients. The great extension of the dry walks now being put down, and to which more particular reference will be made hereafter, will give new value to what has always been highly appreciated. With us, there is no substitute for regular and systematic exercise in the open air. There are comparatively few but that can indulge in it every day in the year when it is not actually storming. Nothing more certainly allays, for the time being at least, that nervous irritability which is so common, and by invigorating the general health, tends to secure its permanent removal. This exercise on the pleasure grounds—the walking, riding, and out door amusements—is of almost as much importance to those engaged in the immediate care of the patients as to the patients themselves. The tendency among those whose duties are specially in the wards, is to become less and less fond of being out of doors, and to regard this part of their duties as a task, to be got through with as soon as possible. But this feeling is not a healthy one, and should always be discouraged for the attendants' own sakes as well as for the best interests of those under their care. Good health, a cheerful, hopeful disposition, and the absence of the habit of being annoyed by trifles are so important in all engaged about a hospital for the insane, that no effort to secure them should be neglected.

The vegetable gardens have been well cultivated ; the produce has been good, and of great value in the economy of the institution ; and that at the Department for Males has furnished the usual amount of occupation to those fond of such employment.

WORKSHOPS AND MECHANICAL DEPARTMENT.—Several patients have been employed at different times to a considerable extent and with marked advantage in this department. Mechanical occupation for those fond of it, is particularly valuable in certain stages of convalescence, and ample facilities for this purpose should always be a part of the provision made for the patients.

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—The eighteenth annual course of lectures and evening entertainments was one of unusual interest, and the full number of evenings—two hundred and fifty, being more than three times a week for nine months, at each department—were appropriated to this purpose. The nineteenth course, now in progress, like the last, is under the immediate care of Dr. Jones, at the Department for Males, and of Dr. Lee, at the Department for Females, and with the extended facilities at command will possess new attractions.

It is gratifying to find the value and importance of these and other means of dissipating the monotony of hospital life, and for giving pleasant occupation, conjoined with amusement and instruction, becoming so generally recognized ; and to learn that wherever properly introduced and carried out in the right spirit, they have never failed to manifest valuable results.

Extended observation confirms the convictions,

already often expressed, that there is no institution of this description, let the class of patients received be what it may, but would find abundant returns for the cost and trouble of all such arrangements; and that no expenditures authorized by a Board of Directors could be more proper, and more consonant with a wise and liberal spirit of economy, than those which thus provide for the occupation and amusement of all classes of patients.

It has been a work of time, and has required considerable labor, and involved some expense, to perfect the arrangements now used here; but what has been done in this and other institutions makes it easy for those who are just beginning, to start almost exactly where we are, after eighteen years of progress.

Our evening entertainments were commenced in the winter of 1843-4, by exhibitions of the magic lantern in the wards; and during the same season, the first lectures to the patients were delivered. During the winter of 1844-5, a lecture room was fitted up, and a regular course delivered, which embraced lectures on Astronomy, Electricity, Human and Vegetable Physiology, Meteorology, Architecture, the Heating and Ventilation of Buildings, &c. The course commenced in the autumn of 1846, consisted of two lectures a week, and was continued for about six months. Up to this period the ordinary magic lantern was used. In the year, just named, dissolving views painted on glass were first shown. In 1847, music was introduced as a regular part of the exercises of every evening, and has always been continued in a gradually improving form. In 1847-8, three evenings of every week were devoted to the lecture room entertainments, and which were continued between seven and eight months. At this

period, it was found that these entertainments were gradually taking the place of the social parties for patients of both sexes, which had been fairly tested, and found on many accounts, not to be desirable. In the season of 1849-50, for the first time, the annual course was extended to three evenings for every week during nine months, and has been so continued ever since—the only difference being, that since the opening of the new building in 1859, a course of this extent has been given at each department, thus occupying all the evenings of every week. From 1850, the evening entertainments have been regarded as a regular and important part of the remedial means of the institution.

The introduction of the hydro-oxygen light in 1855, and of photographic pictures on glass in 1856, added more to the attractiveness and usefulness of these entertainments than all that had been previously done. The extension of the field for lectures with demonstrations was greatly increased, after having the improved light, by using stereoscopic pictures, which were then becoming common, and which only required what we soon after began to do—the substitution of plain for the ground glass, commonly placed on the back of these pictures—to bring within our reach the labors of photographers in every country, and to permit an increase of the subjects for illustration that could hardly have been hoped for.

This use of transparent photographic pictures has done so much to extend the resources of institutions like ours, that the history of their introduction becomes a matter of public interest. Those who have looked into the matter readily recognize their many advantages, prominent among which are their cheapness and accu-

racy. They give us every object in a landscape, every leaf and twig, every blade of grass and every pebble, no less than the minutest details of the most highly ornamented architecture, every line existing in the costliest engraving and every lineament of a face coming within the range of the camera, and with a degree of perfection that no artist could hope to effect on the small sized pictures required for this purpose.

To W. & F. Langenheim, of Philadelphia, all who have enjoyed the pleasure of witnessing such exhibitions are specially indebted for their general introduction, and to these gentlemen, who have always given us cheerfully the benefit of their talents and experience, we feel under particular obligations for what they have done in this department of the arts. In 1846 this firm imported from Vienna, a costly apparatus with pictures ten or twelve inches square, painted on glass by the best artists of that city, which made a very beautiful, but also very expensive arrangement. Being at the time engaged in taking daguerreotypes, they changed their apparatus so as to exhibit this class of pictures, and did so successfully at their rooms in the Merchants' Exchange in the winter of 1846-7, as will be remembered by many of our citizens. These pictures, of course, were shown by reflection, the condensed light of two hydro-oxygen burners being directed on the daguerreotype, and the magnifying lens to throw the picture on the screen being placed in front of the strongly illuminated plate. This is believed to be the first time that pictures taken from life by the heliographic art were thus shown. Although the results were beautiful, the process had many disadvantages. About the same time, M. Niepce, of Paris, published a process

for taking photographic negatives on glass in the camera, which stimulated the Messrs. L. to discover a mode of taking positive ones on glass from these negatives, and to be used for the magic-lantern by transmitted light. Such pictures were shown here in 1849. The success of this attempt led these artists to take a large number of views of American scenery during that year and which were shown at public exhibitions in Philadelphia in 1850 and 1851. Such pictures sent by W. & F. L. to the World's Fair in London, in 1852, and of which lot several are now in our collection, were the only specimens of that class in the great exhibition, and deservedly attracted much attention.

Allusion has already been made to the accurate views from nature, and the truthful copies of engravings thus taken. It may be mentioned, in addition, that when these last are skilfully colored and then magnified by the apparatus, it seems to the audience almost like reproducing before them the original painting from which the engraving had been made. For the last four years, a new field for female skill has thus been opened in this city, in coloring these pictures for lanterns; more than a dozen persons being kept constantly employed by the firm already alluded to, in preparing them for these exhibitions which have now become so common throughout the country. It is interesting to know that everything under the name of stereopticon, &c., that is now shown to the intelligent audiences which fill some of the largest lecture-rooms in our cities, and which has been so generally commended, was familiar to the patients of this hospital some years before these public exhibitions were commenced.

MUSEUMS AND READING-ROOMS.—These interesting places of resort for patients who desire more quiet and privacy than is always to be had in the wards, have been made still more attractive, especially those at the Department for Males, by improved furniture and additions to the libraries and collections of curiosities. Fine cases have been placed along the walls, and to fill these, contributions of books, specimens of natural history, or other objects of interest will at all times be gratefully received. There are two of these rooms at each building; they are light and cheerful, are pleasantly situated, comfortably warmed and accessible at all hours of the day to those patients who are likely to appreciate them. Among the contributions this year, has been a special one of \$100 to add to the attractiveness of that on the north side of the Department for Males.

IMPROVEMENTS.—At a time when the condition of our financial affairs seemed to render it probable that, for some time to come, little more could be done in the way of improvements, the benevolent foresight and generous liberality of one of your own members has placed it in our power to supply many deficiencies, and to carry out various objects, which are believed to be of great importance to the comfort and treatment of the patients, and the usefulness of the institution. This gift of \$10,000 to the Department for the Insane, “for the purpose of endowing two additional free beds, and at the same time to be expended entirely in supplying certain very desirable improvements and furniture much needed, to be designated by the Physician-in-Chief, and to be approved by the Board of Managers,” is an event which ought not to be passed over without special

notice; for in addition to the great good it will hereafter effect in every year the hospital exists, by founding the two additional free beds, will at once, from the mode in which it is given, become directly useful to every patient in the institution. The objects which have already been secured by it, are such additional furniture as was immediately required at both buildings, a great extension of the dry walks at each department, and important and somewhat costly additional means of occupation and amusement, which, just commenced, will be more specially referred to on some future occasion.

The regular and systematic use of the muscles, especially in the open air, is of such great importance to nearly every one, that everything which tends to secure this, is really of great value in an institution for the insane. For this reason out-door labor, to those for whom it is proper, when judiciously supervised, is very desirable. The number who engage in it, however, must always be comparatively very small. Riding, valuable as a passive kind of exercise, is very pleasant to all who can use it to any extent, but this number can never be great. Active out-door games are frequently much enjoyed, and more can be induced to avail themselves of their advantages, but for nearly all the residents of a hospital there is nothing so generally available as walking, and when systematically directed, it is the great resource for the patients. To secure the best results from this form of exercise, requires extensive and handsomely improved pleasure grounds, numerous dry walks, so laid out as to give the most interesting objects and the most varied scenery in their course, and then, their use must be insisted on with as much regularity as any other part of the discipline of such an establish-

ment. If the walks are properly prepared, this form of exercise is available for almost every day in the year, when it is not actually storming, and of all the patients, in ordinary times, eight or nine-tenths can and should spend as much as four hours—two in the morning and two in the afternoon—of each day, in the open air. Walking has the advantage that while it secures fresh air and sunshine with exercise and change, can be more readily insisted on, than labor or games of any kind, and will be used cheerfully by many who object to other modes of obtaining these objects. In this view, the great extension of the dry walks we are now making, becomes of no little importance.

In this connection also, reference may be made to the system of light gymnastics of Dr. Lewis,—undoubtedly the true one for securing safely a proper development of the muscular system,—which has just been introduced at the Department for Females, and which it is intended shall be regularly used in the institution.

No year passes but that a number of ladies are under care, who as school girls, or when more advanced in life, have suffered from the want of proper muscular exercise in the open air. To many of these, light gymnastics will be valuable, and in our hospital they will have the advantage of adding another means for passing pleasantly the long evenings of winter. The new game of *croquet* also bids fair to become a valuable addition to our out-door exercises, and being well adapted for ladies, on that account becomes more particularly desirable.

During the past year, Amusement Hall, at the Department for Females, has been considerably enlarged and improved, and refurnished. One of Phelan and Collender's best billiard tables, added to the means of amuse-

ment already there, has rendered it still more attractive, and the number resorting to it is much greater than ever before.

A fine new piano, by Schomacker & Co., has been placed in the lecture room at the Department for Males, and has added to the attractiveness of the entertainments there given. The billiard table and piano were obtained from funds collected by two friends of the hospital for that particular purpose.

A HOSPITAL DAY.—Every day in a Hospital for the Insane has its variations, but whatever these may be, system, active movements, and variety of occupation are desirable. To many who enter such an institution, the simple change of habits is important, and does more towards effecting a cure than it commonly has credit for. Hours that tend to break down the general health and excite the nervous system, are replaced by those most likely to restore them; habits, that for a long time perhaps, have been steadily, although it may be insidiously doing their work of mental and physical enervation, are now, as much as possible, to be given up, and a life of indolence or morbid restlessness, is to be replaced by one of regulated and rational activity. When the mind has been worked with an apparent forgetfulness of its connections with and dependence on the physical organs, or when the latter have been used as though their possessor had no mind by which to learn the most ordinary prudence, an attempt is made to inaugurate a new kind of existence, which will at least be clear of the grave defects of what had gone before.

When thoroughness and efficiency are desired, a hospital day must begin at an early hour. While hardly too high an estimate can be placed on the importance

of an abundance of sleep, it is not to be doubted, that sleep at regular hours, including those of the early night, has a special value. It is natural to suppose that nature intended us to obtain our sleep during the period of darkness, and that daylight was intended for other, although it may be, not more important purposes. Abundant experience justifies the opinion that regular and early hours for sleep will do more than all other causes combined, to enable any one with no special constitutional advantages, to undergo for long periods, much physical and especially great mental labor, with all the depressing influences that every life is exposed to, without serious injury.

In this institution, the system adopted, was commenced after careful consideration of what had already been done, and a minute investigation of the advantages and defects of the arrangements of other hospitals. It is satisfactory now, after so long a trial, to find how few of the views originally adopted have had to be changed. Having no favorite theories to uphold, always ready and anxious to advance, we have been able to do so, by constant additions, rather than from a change of principles.

Our hospital day begins at 5 o'clock in the morning, at which hour the attendants and those engaged in the domestic departments are expected to arise and prepare for their morning duties. By 6, it is intended the patients should be preparing for breakfast, which meal, during the whole year, is taken at 6½ o'clock, and previous to which, medicine is given to those for whom it may be deemed desirable in the different wards, by a person specially deputed for that purpose. Before this, too, the Supervisors are expected to have ascertained the general condition of the patients, and the mode in which those

employed are performing their duties. The officers resident in the hospital take all their meals half an hour after the patients, so that those to whom the duty is specially delegated can have a personal supervision of the dining rooms, and the general serving of food. Immediately after breakfast, the rooms and wards are put in order, preparatory to inspection by the medical officers at their morning visit, which they begin a few minutes after 8 o'clock, accompanied by the Supervisors, and during which the condition and wants of every patient are carefully ascertained. Previous to the commencement of this visit, the cards from the watch-clocks are examined, written reports have been received from the nightwatch of whatever may have occurred during the night, and from the supervisors and companions of the patients, detailing their observations of the previous day and evening, and verbal reports of the state of the patients in the early morning. Before this visit, or immediately after, arrangements are made for the riding, walking, visiting of interesting places, or special occupations and amusements of the patients during the day, or for whatever requires attention in the city. At 8 A. M. in summer, and at 9 o'clock in winter, the patients start out riding in the large carriages which go into Philadelphia and the adjacent country, and in the pony and donkey phaetons, the Germantown wagons, &c., all of which, but the first, patients often drive, being used only inside of the inclosures, the roads for which at each department are nearly two miles in extent. About the same time, the patients from all the wards, accompanied by a portion of their attendants, pass into the grounds for walking, and in good weather are expected thus to spend at least a couple of hours every morning out of the house.

Before returning, or afterwards, they have an opportunity of visiting the museums and reading rooms, the green house, the pleasure railroad, the calistheneum or ten pin alley, amusement hall, &c., and engaging in the various games there provided, or in those more specially calculated for the open air. In addition, the male patients have the use of the workshops and of the gardens and grounds, in working in which, many take much interest. Many too, of both sexes, walk outside of the inclosures, visiting objects of interest in the vicinity, and often extending their excursions to a considerable distance.

After the out-door exercise, the usual in-door resources are at command—reading, writing, conversation, games of nearly every kind, and whatever work is likely to be interesting to individual patients. During all this period, as well as in the afternoon and evening, the supervisors and companions to the patients have been passing among them in the different wards, the latter especially giving their attention wherever deemed most important, and taking care that there is no falling off in the amount of exercise, amusements, or other occupations in which the inmates are engaged. The medical and other officers, too, give what time they are able to spare to visits at irregular hours, and to the exercise of such personal influence as they can, in the cases under care.

At noon, medicine is again administered to those who are taking it regularly, and preparations made for dinner, which is on the table at $\frac{1}{2}$ past 12. Early in the afternoon, depending somewhat on the season, all are expected to be again in the open air, and securing, as far as possible, the advantages which result from it, sunshine,

exercise, and whatever else we can combine with these valuable agents for preserving as well as restoring health. The same places of resort for occupation and amusement are open, as in the morning, and as many as can be accommodated are again out riding.

Tea is ready at 6 P.M. in winter, and at 6½ in summer, after which, except in very warm weather, few go outside of the yards connected with the wards. Then begin the special arrangements for making the evenings pass pleasantly. Preparations are made for the lectures and other entertainments in the lecture room, which take place regularly on three evenings of every week for nine months at each department, commencing at 7½ P.M., and lasting about one hour,—the character of these exercises being greatly varied, as has been detailed on other occasions. After leaving the lecture room, the patients frequently assemble and have music, games, and other diversions, filling up the time to half past 9, between which and 10 o'clock, all persons are expected to retire for the night. The only difference when there is no lecture room entertainment, is, that much more is done in the wards by the companions to the patients, the attendants, and the patients themselves. There is more music, more reading aloud, and all the games that are popular, while special tea parties now and then make a pleasant variety. The evening visit of the physicians is made soon after tea, or immediately after lecture, when special directions are given for the night.

At 9½ P.M., the night watch calls at the physician's office for instructions in regard to special duties. The night watch consists of those regularly employed for the purpose of passing through the wards to see to the

safety of the buildings, the condition of the patients, and to attend to their wants, &c., and of those who may be delegated to be with single sick patients. Every ward is visited at stated periods, and when passed through, the night watch by touching a pull connected with the watch clock, makes a mark on the revolving card, which shows that the duty has been performed and the exact time at which it was done. This pull can be made only at one point in each ward, and the card itself is accessible only to the officer having it in charge. The night watch remains on duty till the attendants are up and have taken charge of the wards in the morning, so that at no time, day or night, are the wards left without some one directly responsible for their care.

While there are as many varieties and novelties as circumstances will permit in addition, what has been described comprises the ordinary routine of every day, the only exception being the Sabbath, on which, of course, all unnecessary labor is avoided. The medical visits are made as on other days, the usual walks through our pleasure grounds are taken in the early morning and latter part of the afternoon, while such patients as it is believed will be benefited by the privilege, are allowed to attend their accustomed places of worship, there being churches of nearly every denomination in the immediate vicinity of the hospital. Portions of the Scriptures and other suitable books are read in the wards, and all visitors being excluded, the quiet and comfort of the patients on this day of rest are generally very remarkable. In the afternoon the same course is pursued as in the morning; and in the evening, soon after tea, such of the patients and of those employed

in the institution as wish to do so, assemble in the lecture room, where portions of the Bible are read by one of the officers. The attendance is always large—quite as great as at the lectures—perfect propriety is observed and no better interest could be desired. The mode of observing the Sabbath above detailed—simple as it may appear to some—was adopted at the opening of the institution, after a careful investigation of what had been done elsewhere, and a personal observation of other plans, with a clear conviction that it was the best that could be introduced for this institution and for the patients, belonging as they do to nearly every denomination, that are here received. Twenty-three years' experience has shown that this decision was right, and the results have, in my estimation, proved entirely satisfactory.

RECEIPTS AND EXPENDITURES.—The accompanying statements of receipts and expenditures during the past year have been prepared by the stewards of the institution.

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$13,987 19
Household expenses	16,652 01
Furniture, fuel, and lights	16,530 79
Garden, grounds, live stock, and carriages	2,247 85
Repairs and improvements	1,317 02
Medicines	661 52
Amusement of patients	168 96
Stationery and printing	381 64
Miscellaneous	356 50
Total expenditures	<u>\$52,303 48</u>

Net receipts	\$39,407 29
Average number of patients	136
“ “ of free patients	16
“ cost per week of each patient	7 37
Amount expended in 1863 on free patients	\$6,122 11

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds	\$12,151 43
Household expenses	18,583 83
Furniture, fuel, and lights	8,819 55
Garden, grounds, live stock, and carriages	2,413 64
Repairs and improvements	1,171 49
Medicines	721 48
Amusement of patients	158 72
Stationery and printing	328 05
Miscellaneous	314 93
Interest on loan	420 00
Total expenditures	<u>\$45,083 12</u>
Net receipts	38,058 85
Average number of patients	148
“ “ of free patients	27
cost per week of each patient	\$5 86
Amount expended in 1863 on free patients	\$8,379 80

The disparity in the average cost per week of patients in the two departments, and of their expenditures, is less than would appear from the preceding statements. The item of fuel at the Department for Males includes the sum of \$2,434.13—paid this year, but properly belonging to the last, while the supply received and paid for will be sufficient to last till the end of 1864, although the amount stored at the Department for Females is

less than usual. The price paid for coal this year is more than double of what was charged last season, and this makes the difference still more striking. Equalizing the two would make the average cost per week of each patient in the whole institution a little over \$6.

Notwithstanding the great increase in price of nearly every article consumed, and especially in the important one of fuel, the earnings of the Hospital would have been sufficient to meet all its expenses, but from the difficulty of making collections in many parts of the country, formerly most prompt in payment. To meet a deficiency of \$19,920.46, we show unpaid bills amounting to \$31,631.33. The deficiency has been met by the funds on hand at the beginning of the year, and a loan of \$10,000, on which interest is paid.

Although the cost of managing the Hospital for the reasons just stated is much greater than usual, there has been a great reluctance to increase the general charges for board, or to do anything that would curtail its usefulness among the poor, or those in moderate circumstances. This may now, however, at least for a time, become absolutely necessary, unless that noble private benevolence, which heretofore has been the constant and unfailing reliance of the Pennsylvania Hospital in every emergency, should provide the means of making up unavoidable deficiencies.

The average number of patients at the Department for Females has this year been at times considerably larger than at the Department for Males. This is unusual, and may, perhaps, be owing to so many men being away in the service of the country. The amount expended in 1863 on free patients was \$14,501 91.

The importance of liquidating the loan on which in-

terest is now paid, and securing means not only to preserve undiminished, but to extend the usefulness of the institution, can hardly be exaggerated. It is very safe to say that no object can be found which relieves a deeper sorrow, or brings more comfort to the afflicted, than that which provides enlightened means for the care and restoration of those who are suffering from mental disease. If there is any heavy load of grief, for personal exemption from which, above all others, we should be willing to manifest our gratitude by doing what we can to relieve our less fortunate fellow-beings, it is surely this.

ACKNOWLEDGMENTS.—As in every previous year of my connection with the institution, I have the pleasure of acknowledging many evidences of kind remembrance of our patients' interests and generous appreciation of the objects of the institution. In addition to the munificent donation of S. Morris Waln already referred to, we are indebted to Wistar Morris for \$100 towards fitting up the North Museum and Reading-Room at the Department for Males, and for twenty-three volumes of the Illustrated London News; to Thomas Greeves for a number of very fine engravings for framing, and for an elegant chess-board; to "a Friend" for a phaeton for the donkeys; to Henry Seybert, Robert Hare Powell, Charles Wheeler, Samuel Welsh, A. E. Borie, Charles L. Borie, John Grigg, John A. Brown, Charles Taylor, Jay Cooke & Co., George T. Lewis, Thomas Sparks, Jno. Gibson & Sons, John Eisenbrey, R. F. Loper, Richard R. Montgomery, Morris, Tasker & Co., E. W. Clark & Co., H. Pratt McKean, Rathmel Wilson, Alexander Benson, George Cromlien, John H. Towne, John I. Thompson,

I. Pemb. Hutchinson, Fred. Brown, John Ashhurst, Lewis R. Ashhurst, Wm. H. Ashhurst, Elliston Perot, John Livezey, Samuel E. Stokes, David E. Jayne, Alex. Young, T. Kunkle, Thomas Robbins, John A. Wright, Richard H. Downing, John S. Newbold, "a Friend to the Hospital," "a Friend," "a Hospital Man," "Cash," J. J. K., Joseph Patterson, Joseph Swift, J. L. Levering, Jr., Emlen Cresson, Arthur H. Howell, W. C. Ludwig, W. P. Wilstach, Thomas Mellor & Co., Jungerich & Smith, Reigel, Wiest & Erwin, Welling, Coffin & Co., John A. Wilson, Edward N. Wright, Charles Rogers, B. G. Godfrey, Joseph Patterson, Charles Kelly, William Hay, Lindley Smith, Wm. D. Jones, Thomas Mott, Mrs. H. P. McKean, Miss J. R. Haines, and Wm. Ashbridge for \$10 each towards increasing the means of amusement of the patients; to B. B. Comegys and Wm. T. Colladay for \$5 each, and to sundry contributors in cash to the amount of \$55 for the same purpose, the total being \$755; to S. Morris Waln and Elliston Perot for special services in extending the amusements of the institution; to Phelan & Collander for a deduction of \$150 in the price of one of their superior billiard tables; to Scho-macker & Co. for a very liberal discount in the price of the excellent piano, of their manufacture, now in the lecture-room at the Department for Males; to "a Friend to the Hospital" for defraying the cost of altering and refurnishing Amusement Hall; to Francis Gatchell for window frames and sash for Amusement Hall; to "Anonymous" for piano and billiard table covers and for glass globes and gold fish; to "a Friend" for a bird and cage; to Miss R. F. D. Lewis for an original plaster bust of Col. Baker; to Miss Bunting for a plaster copy of Palmer's Spring; to Wharton Chancellor for three

books of elegant engravings; to Henry Seybert for a book of engravings; to "a Friend to Amusements" for music and refreshments for various parties; to Edward Sharpless for \$10 for books for the Department for Males; to "a Friend" for mantle ornaments for parlor in second ward south, for apparatus for the game of croquet, and for a bed-chair; to Wood & Perot for articles of iron ware; to "a Stranger" for \$1 for games; to Dr. T. G. Morton for curiosities for the Museums; to "an Amateur" for various original photographic pictures; to an "ex-Surgeon" for surgical instruments; to F. Langenheim for two goats; to Co. A. Gray Reserves, for their drill in presence of the patients, and for the fine music of Birgfeld's Band, to "a Friend to the Institution" for 32 photographic pictures for framing; to R. Shoemaker & Co. for ornamental glass; to William Chapin for a lecture; to I. I. Hayes, M. D., U. S. V., for a lecture on Arctic Explorations, and for the services of the West Philadelphia Hospital Band; to Caleb Cope for two lectures on the Victoria Regia and other exotics and for special assistance in extending the amusements of the patients; to Dr. I. P. Trimble, of Newark, N. J., for four lectures on Natural History; to "a Friend to the Institution" for \$50 towards increasing the means of amusements; to the Hon. Wm. D. Kelly for valuable public documents; to John Jay Smith for a large lot of Lawton Blackberries and a couple of evergreen trees; to Joseph J. Lewis for a set of Wilke's Exploring Expedition; to John Livezey for a fine oil painting; to Charles Graffin for a lot of books for the wards; to George M. Allerton for a lot of India-rubber goods; to Dr. S. P. Jones for a sun dial plate; to "an Officer" for a stone shaft for the same; to Rommell, Potts & Co.

for a deduction of \$119 90, interest on coal bill; to Mr. and Mrs. C. Gillingham and their class for an exhibition of light gymnastics; to Mrs. Lawrence Lewis for the Illustrated London News for 1863; to Thomas Fitzgerald for two copies of the City Item; to J. W. Queen & Co. and McAllister & Co. for their additions to the interest of our evening entertainments; and to Miss Alexander and her friends, and to Mrs. Behrens and friends for several concerts at the Department for Males.

In the Medical Department, I continue to have the assistance of Dr. S. Preston Jones, who has had the immediate charge of the patients at the Department for Males from its opening, and of Dr. J. Edwards Lee at the Department for Females. Dr. Hall, who supplied a vacancy in the post of second assistant at the Department for Males for several months, left to engage in a more important position in another State, and the place has since been filled by Dr. Beitler. The other officers remain unchanged. To all those associated with me officially, I would express obligations for valuable services in the institution; nor would I omit to record my appreciation of the important duties of the supervisors, companions to the patients, attendants, and all others who have been in any way connected with the inmates of the institution, and of the manner in which they have contributed to the comfort and happiness of those under their immediate care, nor to tender my thanks to the many patients who, at certain periods of their residence here, have done so much to lighten the sorrows and to remove the delusions of those around them.

CONCLUSION.—In closing this report, I cannot but express the great cause of gratitude to an overruling Providence, that we again have, for the general prosperity of the institution, for the steady extension of its means of usefulness in all the past, and for the progress it has been able to make, even in a period of unusual financial embarrassment. More than four years have now elapsed since the experiment of treating the sexes in separate buildings with distinct organizations—except the Board of Managers and Physician-in-Chief—was fairly inaugurated. Hoping at no very distant day to present to your board in some detail, my opinion of the results already achieved and those likely to be accomplished, it is sufficient now, to say, that each additional year gives new cause of gratification that the work has been done, and of the soundness of the views which led to the adoption of the plan. In every respect all that was anticipated has thus far been realized. The system has been found to have the advantages that were expected, and none of the disadvantages sometimes suggested. The Pennsylvania Hospital for the Insane was never more deserving than now of the generous remembrance of the benevolent. There was never a time when the possession of larger means would more certainly extend its usefulness, or the liberality of our citizens be more certain of a rich reward. To their and your own generous interest I again commend it, with the full assurance that, conducted on the principles it always has been, the spirit which founded it more than a century ago, and has always liberally sustained it in the past, will not be found wanting in the future.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1864. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason, from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c, can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____ M.D.

_____, 1864.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ }
_____ 1864.

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by “the Contributors to the Pennsylvania Hospital,” we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the ——— day of ———, 1864.

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *pre-meditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1864.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1865.

OFFICERS OF THE INSTITUTION.

MANAGERS.

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Department for Females.

ASSISTANT PHYSICIAN.

J. EDWARDS LEE, M. D.

STEWARD.

JOHN WISTAR.

MATRON.

MARGARET N. WISTAR.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to. "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN compliance with the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his twenty-fourth Annual Report.

At the date of the last report there were 285 patients in the institution, since which 183 have been admitted and 189 have been discharged or died, leaving 279 under care at the close of the year.

The total number of patients in the hospital during the year was 468. The highest number at any one time was 306; the lowest was 270; and the average number under treatment during the whole period was 286.

The number of males in the hospital during the year was 239, and the number of females was 229. The highest number of males at any one time was 150, and the highest number of females was 156. At the beginning of the year there were 139 males, and 146 females. At this date there are 137 males, and 142 females. The number of males admitted during the year was 100, and the number of females 83.

Of the patients discharged during the year 1864, were—

	Males.	Females.	Total.
Cured	40	44	84
Much improved	4	11	15
Improved	29	14	43
Stationary	21	9	30
Died	8	9	17
	<hr/>	<hr/>	<hr/>
Total	102	87	189

Of the patients discharged "cured," thirty-seven were residents of the hospital not exceeding three months; twenty-seven between three and six months; twelve between six months and one year; and eight for more than one year.

Of those discharged "much improved," one was under treatment less than three months; two between three and six months; five between six months and one year; and seven for more than one year.

Of the "improved," nine were under care less than three months; sixteen between three and six months; twelve between six months and one year; and six for more than one year.

Of those discharged and reported "stationary," six were under care less than three months; six between three and six months; ten between six months and one year; and eight for a longer period than one year.

Eight males and nine females have died during the year. Of these deaths, four resulted from acute mania; two from apoplexy; two from epilepsy; two from pulmonary consumption; one from the effects of a wound; one from dropsy; one from paralysis; one from organic disease (softening) of the brain; one from old age; one from disease of the heart; and one from typhoid fever.

Of the patients who died, eight were admitted for

mania; three for melancholia; one for monomania; and five for dementia.

Of those who died, six were in the house less than one month; three between one and three months; two between six months and one year; five between one and five years; and one for nearly seventeen years.

PREMATURE REMOVALS.—It is desirable at all times to impress on the friends of patients and on patients themselves, the importance of a steady perseverance in treatment, in every instance of disorder affecting the mind. In a large proportion of these cases, insanity may be regarded as a chronic disease, and while as curable as most other serious maladies, if properly managed in its early stages, still, it is often necessary to persist in the use of remedies for periods that not unfrequently wear out the patience of anxious friends, who cannot realize that changes are steadily going on, imperceptibly it may be, that will ultimately result in the restoration of health, even where the use of active medicinal means have been entirely discontinued. The last remedy used often has very little to do with the recovery of the patient. The common remark, that we rarely learn from the experience of others, seems particularly true in regard to this subject. If the experience of the past was duly appreciated, so frequent a reference to the subject could not be necessary. As the injury done by a neglect of these cautions is often irremediable, no apology is necessary for an annual recurrence to the subject, and if, by so doing, but a single case is saved from this misfortune, it ought never to be omitted.

STATISTICAL TABLES.—The following tables embrace all the cases admitted into this institution since its opening in 1841. Much care has been taken in the preparation of these tables, and they are generally made up of facts. The only two, about which there is some uncertainty, are the eighth and the eleventh—the first, showing the causes of the disease, and the last its duration at the time of admission. In reference to both these, there is often room for a difference of opinion, but the conclusions recorded are the results of a careful study of every case.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	2292	2031	4323
Discharges	2155	1889	4044
Remain	137	142	279

TABLE II.—*Showing the ages of 4,323 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	2	4	Between 50 and 55	157	124	281
Between 10 and 15	6	13	19	“ 55 and 60	88	82	170
“ 15 and 20	122	131	253	“ 60 and 65	80	63	143
“ 20 and 25	348	291	639	“ 65 and 70	27	42	69
“ 25 and 30	354	327	681	“ 70 and 75	28	33	61
“ 30 and 35	299	251	550	“ 75 and 80	17	11	28
“ 35 and 40	314	251	565	“ 80 and 85	2	3	5
“ 40 and 45	228	237	465	“ 85 and 90	—	—	—
“ 45 and 50	220	169	389	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 2,292 male patients.*

Farmers . . .	323	Soap-maker . . .	1
Merchants . . .	217	Contractor . . .	1
Clerks . . .	174	Author . . .	1
Physicians . . .	45	Tanners . . .	6
Lawyers . . .	41	Artists . . .	18
Clergymen . . .	25	Hairdresser . . .	1
Masons . . .	21	Police Officers . . .	7
Umbrella-makers . . .	3	Machinists . . .	36
Printers . . .	23	Plane-maker . . .	1
Teachers . . .	36	Iron-masters . . .	2
Officers of the Army . . .	10	Weavers . . .	26
“ “ Navy . . .	13	Bricklayers . . .	11
Students . . .	48	Brickmakers . . .	4
“ of Medicine . . .	15	Sail-makers . . .	4
“ of Law . . .	6	Cooper . . .	2
“ of Divinity . . .	8	Jewellers . . .	14
Saddlers . . .	11	Potter . . .	1
Peddlers . . .	13	Chair & Cabinet makers . . .	23
Tobacconists . . .	20	Blacksmiths . . .	29
Carpenters . . .	78	Watchmakers . . .	5
Bakers . . .	13	Hotel Keepers . . .	30
Seamen and Watermen . . .	51	Second-hand dealers . . .	3
Planters . . .	29	Cap Manufacturer . . .	1
Manufacturers . . .	48	Locksmiths . . .	3
Coachmen . . .	4	Millers . . .	15
Druggists . . .	19	Glassblowers . . .	2
Laborers . . .	176	Wheelwrights . . .	6
Engineers . . .	15	Gardeners . . .	9
Plasterers . . .	12	Chemists . . .	4
Bank Officer . . .	1	Print Cutters . . .	2
Conveyancer . . .	1	Curriers . . .	2
Bookbinders . . .	7	Tailors . . .	38
Hatters . . .	7	Shoemakers . . .	75
Rope-makers . . .	3	Brokers . . .	6
Tinmen . . .	16	Waiter . . .	1
Painters . . .	18	Stove-makers . . .	3
Brush-maker . . .	1	Dentists . . .	2
Paper-hangers . . .	2	Victuallers . . .	10
Boat-builder . . .	1	Soldiers U. S. A. . .	10
Carver . . .	1	Brewer . . .	1
Confectioners . . .	12	Coach-trimmers . . .	2
Coach-maker . . .	1	Auctioneer . . .	1
Public Officers . . .	2	Plumber . . .	1
Shipwright . . .	1	Type Founders . . .	2
Collector . . .	1	Telegraph Operator . . .	1
Nurses . . .	2	No occupation . . .	295

TABLE IV.—*Showing the occupation of 2,031 female patients.*

Seamstresses, or Mantua-makers	205	Wives of Plasterers	2
Storekeepers	22	“ Engineers	6
Attendants in stores	13	“ Artists	10
Cigar-makers	3	“ Bricklayers	2
Teachers	52	“ Paper-maker	1
Domestics	229	“ Collectors	3
Nurses	15	“ Brickmakers	3
Artists	3	“ Seamen	10
Factory Girls	3	“ Merchants	128
Physician	1	“ Physicians	11
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Lawyers and Judges	23
<i>Daughters of</i> Farmers	99	“ Shoemakers	26
“ Merchants	107	“ Hatters	5
“ Masons	2	“ Cabinet-makers	13
“ Bank Officers	5	“ Laborers	118
“ Weavers	5	“ Grocers	6
“ Laborers	17	“ Clergymen	15
“ Sea Captains	3	“ Tobacconists	3
“ Auctioneer	1	“ Weavers	11
“ Innkeepers	3	“ Sea Captains	2
“ Teachers	8	“ Victuallers	7
“ Carpenters	8	“ Brush-makers	2
“ Paper-makers	2	“ Tailors	18
“ Physicians	10	“ Millers	6
“ Planters	20	“ Police Officers	4
“ Watchmaker	1	“ Carpenters	23
“ Curriers	3	“ Druggists	13
“ Clerks	22	“ Planters	9
“ Engineer	1	“ Peddlers	4
“ Clergymen	9	“ Manufacturers	32
“ Miller	1	“ Broker	1
“ Public Officers	14	“ Tanners	7
“ Officer of Army	1	“ Officers of the Army	5
“ “ Navy	1	“ “ Navy	1
“ Lawyers	10	“ Plumbers	3
“ Machinists	5	“ Blacksmiths	7
“ Bricklayers	2	“ Bakers	4
“ Chair-maker	1	“ Confectioners	2
“ Manufacturers	7	“ Hair-dresser	1
“ Tailors	3	“ Contractors	2
“ Waterman	1	“ Dentist	2
“ Bakers	4	“ Watchmakers	2
“ Printers	4	Of the <i>Widows</i> similarly situated, were—	
“ Shoemakers	3	<i>Widows of</i> Merchants	40
“ Druggist	1	“ Physicians	8
“ Artists	3	“ Public Officers	11
“ Brickmaker	1	“ Sea Captains	5
“ Blacksmiths	2	“ Hotel Keepers	3
Of the <i>Married</i> similarly situated, were—		“ Shoemakers	18
<i>Wives of</i> Clerks	55	“ Clergymen	3
“ Teachers	10	“ Farmers	42
“ Farmers	180	“ Coopers	3
“ Brass Founders	4	“ Laborers	22
“ Gardeners	5	“ Manufacturers	11
“ Saddlers	4	“ Lawyers	4
“ Printers	4	“ Carpenters	5
“ Machinists	24	“ Clerks	9
“ Masons	2	“ Tanner	1
“ Painters	2	“ Teachers	2
“ Stage Owners	2	“ Planters	5
“ Cutler	1	“ Bricklayers	2
“ Bank Officers	6	“ Painter	1
“ Innkeepers	24	“ Seamen	7
“ Book-binders	2	“ Engravers	2
“ Tinman	1	“ Engineers	4
“ Editors	2	“ Machinists	3
		“ Mason	1
		“ Printer	1
		“ Blacksmith	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 4,323 patients.*

	Males.	Females.	Total.
Single	1168	840	2008
Married	1022	929	1951
Widows	—	262	262
Widowers	102	—	102

TABLE VI.—*Showing the nativity of 4,323 patients.*

Natives of Pennsylvania	2351	Natives of England	196
“ New Jersey	212	“ Scotland	30
“ Delaware	94	“ Ireland	557
“ Maryland	121	“ Germany	231
“ Virginia	62	“ Poland	8
“ North Carolina	41	“ Prussia	9
“ South Carolina	42	“ Switzerland	5
“ Georgia	22	“ Bermuda, W. I.	2
“ Alabama	12	“ Jamaica, “	1
“ Tennessee	11	“ St. Domingo, “	3
“ Indiana	4	“ Barbadoes, “	3
“ Kentucky	18	“ Cuba, “	5
“ D. of Columbia	10	“ Guadaloupe, “	1
“ Maine	7	“ Martinique, “	1
“ Massachusetts	37	“ St. Croix, “	1
“ Connecticut	29	“ St. Thomas	1
“ Missouri	3	“ Isl. of Madeira	1
“ Ohio	16	“ Isle of Man	1
“ New Hampshire	5	“ Spain	1
“ Louisiana	14	“ Italy	1
“ Rhode Island	6	“ Denmark	2
“ New York	99	“ Holland	1
“ Mississippi	6	“ Austria	4
“ Vermont	2	“ Bavaria	2
“ West Virginia	1	“ Venezuela, S. A.	1
“ Nova Scotia	2	“ Norway	1
“ Canada	13	“ Costa Rica	1
“ France	12	Born at Sea	1

TABLE VII.—*Showing the residence of 4,323 patients.*

Residents of Pennsylvania	3648	Residents of Iowa	4
“ New Jersey	134	“ Massachusetts	6
“ Delaware	73	“ Connecticut	4
“ Maryland	89	“ Maine	3
“ Virginia	45	“ Rhode Island	4
“ West Virginia	1	“ New York	56
“ D. of Columbia	19	“ Florida	1
“ North Carolina	36	“ Wisconsin	1
“ South Carolina	31	“ California	3
“ Georgia	23	“ Oregon	1
“ Alabama	13	“ Minnesota	1
“ Louisiana	26	“ Kansas	1
“ Tennessee	6	“ Jamaica, W. I.	1
“ Kentucky	13	“ Barbadoes, “	4
“ Arkansas	3	“ Cuba, “	7
“ Mississippi	6	“ St. Croix, “	1
“ Vermont	1	“ St. Thomas	1
“ Texas	4	“ Isl. of Madeira	1
“ Illinois	6	“ Germany	2
“ Michigan	1	“ Venezuela, S. A.	2
“ Ohio	19	“ England	1
“ Indiana	9	“ Norway	1
“ Missouri	10	“ Costa Rica	1

TABLE VIII.—*Showing the supposed causes of insanity in 4,323 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	379	348	727	Want of employment	37	—	37
Intemperance . .	268	18	286	Mortified pride . .	2	1	3
Loss of property .	114	35	149	Celibacy	1	—	1
Dread of poverty .	3	2	5	Anxiety for wealth	2	—	2
Disappointed affections	26	38	64	Use of opium . .	6	9	15
Intense study . .	35	10	45	Use of tobacco . .	6	—	6
Domestic difficulties	32	62	94	Use of quack medicines	2	1	3
Fright	12	23	35	Puerperal state . .	—	169	169
Grief, loss of friends, &c.	59	168	227	Lactation too long continued	—	9	9
Intense application to business . .	32	3	35	Uncontrolled passion	5	7	12
Religious excitement	66	80	146	Tight lacing . . .	—	1	1
Political excitement	12	—	12	Injuries of the head	48	6	54
Metaphysical speculations	1	—	1	Masturbation . .	60	—	60
Want of exercise .	6	2	8	Mental anxiety . .	123	155	278
Engagement in a duel	1	—	1	Exposure to cold .	3	1	4
Disappointed expectations	6	11	17	Exposure to direct rays of the sun .	36	2	38
Nostalgia	—	6	6	Exposure to intense heat	—	1	1
Stock speculations .	2	—	2	Exposure in army .	4	—	4
				Unascertained . .	903	863	1766

TABLE IX.—*Showing the ages at which insanity first appeared in 4,323 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	9	3	12	Between 45 and 50	163	131	294
Between 10 and 15	34	38	72	“ 50 and 55	95	93	188
“ 15 and 20	218	220	438	“ 55 and 60	67	80	147
“ 20 and 25	434	370	804	“ 60 and 65	50	33	83
“ 25 and 30	390	367	757	“ 65 and 70	18	11	29
“ 30 and 35	286	256	542	“ 70 and 75	13	6	19
“ 35 and 40	291	209	500	“ 75 and 80	10	3	13
“ 40 and 45	214	208	422	“ 80 and 85	—	3	3

TABLE X.—*Showing the forms of disease, for which 4,323 patients were admitted.*

	Males.	Females.	Total.
Mania	1055	973	2028
Melancholia	513	642	1155
Monomania	343	252	595
Dementia	372	160	532
Delirium	9	4	13

TABLE XI.—*Showing the duration of the disease at the time of admission in 4,323 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . . .	1210	1133	2343
Between 3 and 6 months . . .	152	144	296
“ 6 months and 1 year . . .	285	233	518
“ 1 and 2 years	279	198	477
“ 2 and 3 “	115	89	204
“ 3 and 4 “	57	51	108
“ 4 and 5 “	46	33	79
“ 5 and 10 “	70	68	138
“ 10 and 15 “	36	31	67
“ 15 and 20 “	18	24	42
“ 20 and 25 “	8	12	20
“ 25 and 30 “	6	9	15
“ 30 and 35 “	3	3	6
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 4,323 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	1627	1432	3059	9th paroxysm	2	4	6
Second "	374	350	724	10th 2 m. 6 f., 11th 2 m. 4 f.	4	10	14
Third "	120	124	244	12th 1 m. 2 f., 13th 1 m. 1 f.	2	3	5
Fourth "	63	51	114	14th 1 m. 2 f., 15th 1 m. .	2	2	4
Fifth "	28	19	47	16th 1 m., 17th 1 m. . . .	2	—	2
Sixth "	45	10	55	18th 3 m., 19th 1 m. . . .	4	—	4
Seventh "	11	5	16	20th & 21st each 1 m. & 1 f.	2	2	4
Eighth "	5	7	12	22d 1 m., and to 26th each 1 f.	1	5	6
				27th 2 f., 29th 1 f. . . .	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 4,044 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1085	1023	2108	1215	596	261	35	1
Much improved	159	198	357	159	121	56	21	—
Improved	338	310	648	239	181	107	121	—
Stationary	286	166	452	152	101	70	128	1
Died	287	192	479	213	97	27	131	11

TABLE XIV.—*Showing the number of admissions, discharges, cures and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	344	341	159	47
2d "	339	217	107	34
3d "	403 ^a	333	182	37
4th "	417	322	154	47
5th "	423	372	182	46
6th "	426	366	190	36
7th "	328	379	199	41
8th "	318	384	209	47
9th "	333	348	180	44
10th "	356	348	186	34
11th "	324	306	174	31
12th "	312	328	186	35

GARDENS AND PLEASURE GROUNDS.—The pleasure grounds at both departments have become still more valuable during the past year, by the increased amount of shade, and especially by the continued extension of our board walks alluded to in my last Annual Report. At the Department for Males there is now one and a quarter miles of brick and the same amount of board walks inside of the inclosure, and at the Department for Females, one and a half miles of brick, and one and a fifth miles of board walks. There is scarcely any one improvement so universally appreciated as these board walks. Nearly every person about the establishment uses them to a greater or less extent; a very large proportion of all the patients enjoy them every day in the year, unless it is absolutely stormy, and of those who do so, few fail to express their obligations to the generous friend to whose enlightened liberality the institution is indebted for a large portion of them.

The various carriage drives inside of the inclosure, although somewhat improved, have not been materially changed during the year. In addition to their almost daily use by the different wheel vehicles, they often furnish fine sleighing for many days after it has ceased to be practicable on the public thoroughfares around us.

Both gardens have, as usual, been very productive. That originally laid out at the Department for Females, and which after more than twenty years of constant cultivation, was allowed to remain in sod for four years, has again been tilled and yielded a very large crop of vegetables. At the Department for Males, horticulture and assisting in the care of the extensive pleasure grounds, are still the best and most popular forms of out-door labor to those who are capable and fond of such

occupations. It is unfortunate, as I have remarked on other occasions, for the temporary comfort, and the speedy restoration of many, that their early habits of life prevent their deriving all the benefits they might obtain from this source. Those who have never known what work really is, are not likely to learn, even when insane, how much it may be made to contribute to our mental tranquillity, and general health and happiness.

WORKSHOPS AND MECHANICAL DEPARTMENT.—Although ample provision has been made for mechanical employment, the number engaged in such occupations has not materially increased. To whatever extent they may be used, the profit is to be found in the improved health and happiness of the patients. These results have often been obtained very strikingly in this institution, but the number for whom the means under consideration are specially adapted, will generally be small. There will always be a much greater proportion interested in the gardens and grounds, and the varied forms of labor, which they furnish during a large portion of the year. Mechanical occupations of course will generally be used by the male patients, but there is no reason why certain forms should not be introduced into the institutions, or divisions of hospitals, specially devoted to females. It would not be difficult to excite an interest in those kinds that are appropriate, and this would be made still greater by their novelty. The use of a nice turning lathe, by a nervous lady, could hardly fail to become a better remedy than the more familiar occupation of sewing or knitting. When these forms of occupation or amusement, whichever they may be styled, are thus introduced, it will be found that those with brightest intel-

lects, highest cultivation, and best social position will be the first to use them.

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—There has been a steady increase in the value and interest of our evening entertainments, and the nineteenth annual course was superior in character and extent to any that had preceded it. The full number of three evenings of every week, at each department, were devoted to this purpose; and it is understood that no ordinary circumstance shall ever prevent something of interest to the patients being done in the lecture room, during every hour appropriated to this object, for at least nine months of the year. The twentieth course, now in progress, like the last, is under the immediate care of Dr. Jones, at the Department for Males, and of Dr. Lee, at the Department for Females, to whose exertions we are indebted for much of their success and usefulness. The kindness and liberality of our friends have enabled us to add materially to the stock of pictures used at our regular evening entertainments, and in addition, we have had upwards of thirty original home pictures taken by the Messrs. Langenheim for the same purpose. These last illustrate various scenes around us, and contain many groups which possess an especial interest for the members of our household.

During the last season, if we had chosen to do so, we had at our command, the means of giving our whole course of one hundred and twenty-five exhibitions at each building, without a repetition. The comparatively small amount of money required to effect all this, as I have stated on other occasions, shows that as much is really within the means of almost any institution. The

necessary preliminary is, that all these things are to be deemed as among the indispensable means of treatment in every hospital for the insane—just as much so as any other object for which money is appropriated—and that a certain sum should every year be set apart for this specific purpose. What this institution possesses, has been acquired from steadily pursuing this course for twenty years, but one-fourth of that time ought to be sufficient to enable a hospital just now starting, to effect as much, because a large part of our progress was experimental, and considerable expense that we have incurred in perfecting our arrangements, can now be entirely avoided. For most of our institutions in this country, appeals to the State Legislatures are necessary, and I cannot think that any such body, that has been properly enlightened on the subject, could regard as extravagant or misplaced, liberal annual appropriations for such objects. I say this with the less hesitation, because our institution has no interest in such appropriations, its sole reliance being now, as it always has been, on voluntary private contributions. The primary difficulty in most institutions is unquestionably in securing the proper means for the occupation and amusement of the patients, but it will be discovered, sooner or later, that there is another, even greater and less easily overcome than this—and that is, the disposition on the part of attendants and patients to suffer all these things gradually to pass into disuse. The charm of novelty is liable to wear out, and some employed in such institutions are always in danger of forgetting that the only object for which they were established, is the comfort and restoration of the patients, and that the best and most liberal supply of means is of little avail, unless they are judiciously used. To

secure this in its fullest efficiency, requires the active co-operation and manifestation of interest on the part of all officers, with an unhesitating exercise of authority when that is necessary. Tact in exciting the interest of patients in their occupations and amusements should always be regarded as among the qualifications to be possessed by those who are to be in immediate care of the insane.

In the report of last year, I mentioned that light gymnastics, based on the system of Dr. Lewis, had been introduced at the Department for Females. I refer to the subject here, because it has now become a part of our regular course of evening entertainments, in addition to all that we had previously. These exercises have been continued steadily during the entire year—once a week during the summer, and twice a week for the rest of that period—the course being under the care of one of the regular employées of the institution. It will thus be seen that at the department referred to, six out of every seven evenings are now appropriated to some special form of occupation or amusement for the patients, either in the Lecture Room or elsewhere. Another year will probably find some new provision for the remaining evening. When that is done at both departments—and not till then—we shall have arrived at the right point in regard to the number of evenings, for which special provision has been made for the pleasant occupation and amusement of those who are so entirely dependent for their comfort, on what is done by the institutions in which they reside. The number being right, the improvements will then be in the character of the entertainments provided. Until the patients complain of the evenings becoming too short, we need have no fear

of there not being ample room for progress in our efforts to change the character of what is commonly, and in most places too justly, regarded as the dullest and most profitless portion of a hospital day. In a subsequent part of this report, reference will be made to the increased means provided for carrying out these gymnastic exercises.

At the Department for Males, too, a large class have received a regular course of instruction from a professor of Light Gymnastics, and although interested in the exercises, yet, owing to the much greater amount of out-door exercise taken by the men, and other causes, they have not been followed up as systematically as at the Department for Females. They are, nevertheless, to be regarded as almost as desirable and important for the men, as the women.

MUSEUMS AND READING-ROOMS.—There has been a steady increase in the attractiveness of the museums and reading-rooms at both Departments, and additional contributions to their libraries and collections of curiosities will always be gratefully received. One of Gold's low steam heaters has been put up under the north museum at the Department for Females, and is giving entire satisfaction. In the same building has been placed one of the beautiful and furnished model houses, exhibited at the Great Central Sanitary Fair, and purchased for this special object by private contributions.

IMPROVEMENTS. NEW GYMNASTIC HALL, &c.—The generous liberality of our friends for the special benefit and amusement of the patients, has again enabled us to add to the completeness of the institution, at a period

when, without such assistance, little could have been done from its ordinary resources. Among the most important of the objects effected this year, is the erection of the new gymnastic hall near the north return wing of the Department for Females. This building is 51 by 31 feet on the inside, with a ceiling 17 feet high. There are ten windows of good size, and it communicates with the main building, by means of a commodious covered way, through the end room of the 4th ward, besides having an entrance from the adjoining yard of the 3d ward. The floor is double, and the building altogether is so constructed and arranged as to secure warmth and dryness in winter, and to render it cool in summer. The hall is lighted from the ceiling by five large Argand gas-burners, which have reflectors of white metal above, and ground glass of the segmental pattern below—or, if desired, the provision made for side lights may be used for the same purpose. The warming is by steam taken from the main heating apparatus of the hospital. One of Schomacker's best pianos and a fine melodeon—between which is an elevated platform—have been placed at the north end of the room, while the gymnastic apparatus is neatly arranged on the opposite side of it; and the pictures and mirrors, and the general furnishing are such as to give it a tasteful and cheerful appearance. Comfortable seats are provided for about one hundred and thirty persons, while the portion of the floor, specially devoted to the exercises, is 40 by 17 feet.

The cost of this building itself was \$3000, and for the whole of this sum the institution is indebted to the enlightened liberality of one of your own number. The expense incurred in preparing the site, putting in

the heating and some extra gas fixtures, for the musical instruments, and furnishing generally, amounted to \$2000, all of which was contributed by friends to whom special acknowledgments will be made in a subsequent part of this report. Thus, without using any part of the hospital's funds—as has been the case with our provision for many kindred objects—the institution has been furnished with an important means of entertaining and benefiting its inmates.

These light gymnastics appear, thus far, to be greatly enjoyed by a large number of our household. The class has generally been about thirty, often more, a portion of whom are always attendants, and the interest remains undiminished. Since the commencement, a year ago, there have been sixty-one in the class. Many have obviously been benefited both mentally and physically—all physically—by the exercise, and not a few have joined the class and done well, whose antecedents could not have justified such expectations. Light gymnastic exercises, with a class of proper size, in a bright, cheerful hall, with good music, an appropriate uniform dress, and other accessories to secure general interest, are very different from what they would be, under other circumstances. And it should not be forgotten in other arrangements about hospitals for the insane, that the surroundings are often almost as important as the thing itself. In the present instance, the gratification given to the spectators is obviously nearly as great as to those actually engaged in the exercises. This hall will also prove valuable for various other forms of indoor exercise and amusements. Parlor skating—which, however inferior to that on ice, has for us the great advantage of not being dependent on the state of the

thermometer, or the weather—and other more common sports, have already been introduced, and the room will prove admirably calculated for the patients' parties, without interfering with the parlors in which they were formerly held, and which were not large enough for the purpose.

At the Department for Males, the south gymnasium was used for the light gymnastics, and some improvements will render it well adapted for the purpose. Additional apparatus has recently been put up in it, and it is much used for ball playing, &c. In the north gymnasium of the same Department, a fine double ten-pin alley has just been finished, and ample provision made for warming it from the main heating apparatus. As it was already well lighted by gas, and can be approached from the grounds, as well as through the building, it is hoped it will be much used in the evening as well as in the day-time. A similar arrangement has been in use in the basement of the south gymnasium, since the opening of the new hospital. Both these rooms are particularly valuable on account of the facilities they give for exercise and for accommodating spectators from among the patients, both during the evenings and in stormy weather.

A neat structure, 16 by 30 feet, has also been put up, on the grounds of the Department for Males, on the south side of the road passing along Haverford Street, for the purpose of storing vegetables and seeds, and for a tool house. There is also a shed on the north side, under which will be kept various vehicles and apparatus used in the garden. The lower story is of stone, and the upper of wood.

A new dining-room 25 by 15 feet has been put up on

the west side of the north one storied building of the Department for Females, thus doing away with the necessity of using one of the corridors of the wards for this purpose. Like the rest of the hospital, this room is heated by steam, and has a steam table for keeping food warm during meals, and altogether adds greatly to the comfort of the patients in the adjoining wards. All the cost of the improvements last mentioned, as well as what has been incurred in extending the board walks, has been defrayed from the "Waln Fund," viz., \$514.17 for the new ten-pin alleys, \$1011.30 for the new seed and tool house, and \$396.98 for the new dining-room.

OBJECTS OF HOSPITALS FOR THE INSANE; THEIR ORGANIZATION AND SUPERVISION. ADMISSION OF PATIENTS.—The proper management of institutions for the insane possesses interest for every one, and all questions connected with the subject are worthy of unbiassed and intelligent investigation. Individuals, too, in official positions, members of legislative bodies, for example, are often asked to express opinions, or to decide upon proceedings in such matters, although their pursuits have prevented their having more than a very slight, if any previous acquaintance with them. This fact alone would seem sufficient to render unnecessary any apology on the part of those whose thoughts and observations have been especially directed to such investigations, for now and then giving the results of their experience, and the conclusions to which a practical familiarity with the subject has led them. What is said here, of course, will have special reference, unless otherwise stated, to the experience of this institution, but I have confidence that the same is true of a very large proportion of all others in this country.

The first point, about which there should be no misunderstanding anywhere, is the object for which these institutions were established and are continued. There was not a single one till the people found they could not be dispensed with. The first and most important end to be attained by this benevolent provision, is unquestionably the treatment and restoration to health of those who are afflicted with disorders of the mind—the return to their homes and to society of that portion of its members, as, without such aid, would probably be lost to both. Owing to various causes, but especially to a neglect of treatment in the early stages of the disease, there are a large number of the insane, in every community, whose chances of restoration are slight, but whose comfort and happiness are promoted, and their protection from ill treatment secured by a residence in these institutions, where they are under circumstances which give them the best chance for permanent improvement. To provide for this numerous class is another important object, attained by the establishment of such hospitals. Next to these come the protection of the community and the relief of private families. In a few cases the first is duly acknowledged, but the extent of that protection is not generally recognized, while the latter is of a character that can only be properly appreciated by those who have had the misfortune to have in their home circles, those who had ever been their life and greatest joy before the accession of the disease, but afterwards became the source of deepest grief and anguish, of an anxiety to which few others can be compared, possibly of terror to all around them, and producing, it may be, results on others, hardly less to be deplored than the original sorrow itself. The actual loss of life occurring every year, within the United States,

from persons laboring under certain forms of insanity being left unrestrained and without treatment, is vastly greater than might be supposed possible. A careful observation a few years since, of all such cases, noticed in the public prints, and these probably were not all that occurred, satisfied the writer that, during that particular year, there were probably more deaths from this cause than from all the reported railroad accidents happening in the same period in the entire country. The frequency and fatality of railroad accidents have undoubtedly increased greatly since that time, but the number of cases of the kind first referred to has not materially diminished.

Next to a right understanding of the objects for which alone institutions for the insane are established, should be the knowledge that they are controlled by those whose only aim is the relief of the afflicted and the promotion of their highest welfare. Having no interest but to promote these objects, it will be found that their officers are the truest friends of the unfortunate, and the most reliable counsellors to save them from contemplated or attempted wrong. Receiving credit only for those who leave their wards with restored minds, they are in far greater danger of risking too early a return to familiar scenes than of protracting their hospital residence unnecessarily. An increase of cases only gives them increased labor and anxiety, and I should suppose that few could anywhere be found, anxious to become the custodians of those, about the propriety of whose detention there could be any just ground for question.

Unfortunately the knowledge of too many, in regard to institutions for the insane, and their principles of treatment, is, even yet, purely traditionary. They have read or heard of the reports of investigations made in

other countries, in the latter part of the last or the beginning of the present century, and have listened to the opinions of others, whose views have come from the same or not more accurate sources of information; or they may have trusted to the statements of individuals of very questionable mental integrity, whose acquaintance with these establishments had been of a character and duration just sufficient to give them vivid recollections of what was distressing in their malady, and of the necessarily painful incidents connected with it, but without realizing any of the happy results and the changed feelings which might have come from a longer residence. It can hardly be supposed that those whose ideas of modern hospitals are derived from such sources, and who have never themselves investigated their real character and condition, or heard from any one at all familiar with them, the principles on which they are founded, or the system of treatment adopted, can have sound views on the subject, or be likely to give a proper direction to public opinion. Such causes, alone, can lead to the insinuations or positive charges—but commonly without naming any individual, or designating any place—that appear now and then, anonymously, in some of the public prints. They generally speak of wrong doings, but in such terms as to create only general suspicion and distrust, and in a mode that prevents any one from undertaking their contradiction; for it is hardly to be expected, that those who have a character for integrity and humanity should think it necessary to prove their innocence, at least until some specific charge is actually brought against them by responsible persons. Still there is really great injury done by the circulation of such insinuations and general charges

which obviously often arise from a want of information, that a few words from those familiar with the circumstances could have imparted to any one really desirous of arriving at the truth and doing justice to all parties. Such things, certainly, are not likely to be pleasant to those connected with these institutions, but the misfortune is, that the wrong falls mainly and heaviest on the afflicted and their sorrowing families, and subsequently on the community itself. Feelings of distrust are engendered, necessary proceedings become vacillating, experiments are tried, dangers incurred, harrowing scenes witnessed, and more than all, the best chance for restoration is lost, before dire necessity ultimately compels them, whatever their feelings or their fears may have been, to resort to means that, through lapse of time alone, have become only palliative, but which in the commencement might have prevented the development of a condition that is now to be permanent—leading to hopeless dementia, or hardly less painful conditions, those who might otherwise have been restored to health and usefulness. Whoever thoughtlessly, even with good motives, aids in promoting such results, certainly incurs a grave responsibility.

Having personally nothing to complain of, and no favor to ask, there does not seem to be any reason why this whole subject should not be discussed here, with as much freedom as any other. The marks of confidence received by this institution from patients, their friends and the community, should satisfy us all; but at the same time it should not be forgotten that the general establishment of sound principles is important, and that facts and the results of careful observation must always have some value. For these reasons I deem it right to

say that my experience does not justify the impression sometimes entertained, that the friends of the insane are disposed unnecessarily to remove them from home and place them in institutions. Exactly the reverse is the almost universal observation. In a large proportion of cases, all other available means are first resorted to; and, although sooner or later the step has generally to be taken, it is commonly after quite as long a delay as prudence and a just regard to the best interests of the patient will permit. Patients indeed are often far in advance of their friends in this matter, and not a few have probably been saved, by urging such a course, before those around them were prepared for it. And as to the suggestion that this always painful step is often taken from wrong motives, or when no mental disorder exists, I feel bound to say, in justice to those who have had afflicted friends here, that I have no recollection of having met with a single case of the kind among the more than four thousand who have been under my care in this Hospital. If such a disposition should exist, or such a wrong be deliberately attempted, I am quite sure that the officers of a hospital would be the first to detect it, the first to rebuke the act, and to insist on proper reparation being made, if it had really occurred. Those who have charge of hospitals regard themselves as the special friends of the patients. If the interests of the patients are in opposition to the interests of any other persons, I trust, and believe, that the officers of hospitals will always be found on the side of the former. There may certainly be errors of judgment on the part of friends, and the officers of hospitals are frequently able to correct these. Both patients and their friends would often be better off, if they could confide

more thoroughly in the advice they receive from those whose opinions are at least disinterested. The only cases, in my experience, received or retained in our hospitals for the insane, about whose mental disorder there could be any just question, are the exceptional ones, where individuals laboring under great nervous disturbance solicit admission as a special favor, or of that class of intemperates whose mental difficulty generally disappears in a short time after the disuse of stimulants, but who remain, to endeavor to break off a habit which often proves so utterly intractable, when the individual has access to means for continuing its indulgence.

It is not to be presumed that in the large number of cases referred to, and the long period during which they have occurred, there should have been no differences of opinion on some of the points under consideration; but it may be stated, as confirmatory of the opinions adopted, and also as showing the enlightened views entertained by our judiciary, that in all the cases that have undergone legal investigation, every patient has been remanded to the care of the institution; showing that there is entire harmony between the statutes of the commonwealth, the practice of the institution, and that "great law of humanity," which a distinguished jurist has justly said, in certain cases, cannot and should not be ignored.

The proper internal *organization* of hospitals for the insane is now well understood, and few new ones are established without conforming more or less closely to the "propositions" adopted some years since by "the Association of Medical Superintendents of American Institutions for the Insane." These propositions have on numerous occasions been recognized as authority,

and seem well adapted to our institutions. No matter what else may be done, it will be found that placing the right persons in these official places, and giving them a proper support in the performance of their duties, will be essential to the success and usefulness of such hospitals.

Further supervision than this, however, is also desirable. It is important, as tending to inspire greater confidence in the community, and as a reference on occasions of conflicting opinions and clashing of authority, but especially desirable to the officers, whose motives might be distrusted or their acts misrepresented by ignorant or malicious persons. A board of managers, or trustees, selected for their high character as citizens and general fitness for their duties, is the proper body for this purpose. Serving without pay, having no pecuniary interest in the institution in any way, rendered familiar with its workings by frequent visits, and actuated by the highest motives to promote its usefulness and the true interests of its patients, they form the surest guarantee that all possible good will be effected, and no wrong be tolerated. Some such persons can be found in every community, and can generally be induced to serve in these positions, and the more numerous their visits the greater will be their interest in the cause. In this connection it may not be uninteresting to state that during the whole period of twenty-four years that this institution, as a separate department of the Pennsylvania Hospital, has been in operation, it has had such visits every week, without a single exception, from a committee of the Board of Managers. It will readily be seen how much more thorough and reliable such supervision as this must be, than that of a paid State officer, appointed perhaps from political motives, without special

qualifications for the post, and making visits at long periods, as has now and then been proposed.

The form for the *admission of patients* into this institution, now in use here, was substantially adopted before the formation of the first Constitution of the State. With a full knowledge of its existence and character, the second Constitutional Convention completed its labors without any action looking to a change. New State hospitals, too, have since been established without any essential modification of the mode of proceeding, which, simple as it is, long experience has shown to be safe, convenient, inexpensive, and calculated to give to the afflicted in all classes of society the best advantages of early treatment, when suffering from disordered minds, and without jeopardizing the rights of any portion of the community.

It has occasionally been suggested that formal legal proceedings should be instituted in all cases before the admission of a patient into an institution for the insane. While the officers of hospitals could not object to this on personal grounds, as it would relieve them from all possible sources for subsequent difficulty, and while, from a fear that their motives would be misconstrued, they probably would hesitate to make any active opposition to such a measure, however injudicious they might deem it—still it must be acknowledged by any one thoroughly examining the subject that, although no practical good could be effected by such a procedure, much injury, inconvenience, and needless expense would often be imposed on the afflicted, for whose benefit it was specially intended. The objection, then, to these formal proceedings in the ninety-nine out of a hundred cases in which there could hardly be a question, would

be that many families would not submit to such an exposure, that many others could not afford the expense, which would absorb the means that directly applied might have restored the patient, and above all, that the time for successful treatment would often have passed before his friends were willing to take the necessary steps for his admission. From all that has been said, the conclusion seems to be obvious, that the present simple mode of proceeding is specially advantageous to the community, while those connected with these institutions are about the only persons likely to suffer from it; and that the more complicated proceeding, if made compulsory in all cases, would benefit only the latter, and at the expense of the former, or exactly the reverse of what is commonly supposed.

The true course, it seems to me, is to let the vast majority of cases have the benefit of the present mode of proceeding, and for the officers of hospitals for the insane to insist on a judicial investigation in the rare ones that are of a doubtful character, or likely to give trouble on this account to an institution.

RECEIPTS AND EXPENDITURES.—The accompanying statement of receipts and expenditures during the year 1864, have been prepared at my request, by the stewards of the institution.

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds	.	.	\$14,582	63
Household expenses	.	.	25,938	28
Furniture and lights	.	\$2,808	13	} 5,489 03
Fuel	.	2,680	90 ¹	
Garden, grounds, live stock,				} 2,112 20
and carriages	.	767	79	
Grain and feed for stock		1,344	41	
Repairs and improvements	.	.	909	09
Medicines	.	.	797	62
Amusement of patients	.	.	230	60
Stationery and printing	.	.	334	40
Library	.	.	101	80
Miscellaneous	.	.	305	56
Total expenditures	.	.	\$50,801	21
Net receipts	.	.	\$47,066	58
Average number of patients	.	.	141	
“ “ of free patients	.	.	13	
“ cost per week of each patient ¹	.	.	6	92
Amount expended in 1864 on free patients			\$4,929	36

¹ See p. 36.

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$13,283 56
Household expenses	25,906 91
Furniture and lights . . \$2,755 19	} 11,424 35
Fuel 8,669 16	
Garden, grounds, live stock, and carriages 997 83	} 3,802 15
Feed for stock 2,804 32	
Repairs and improvements	1,200 98
Medicines	995 19
Amusement of patients	303 82
Printing and stationery	247 61
Miscellaneous	389 50
Interest on loan	60 00
Total expenditures	<u>\$57,614 07</u>
Net receipts	49,296 96
Average number of patients	145
“ “ of free patients	17
cost per week of each patient	\$7 50
Amount expended in 1864 on free patients	\$6,752 73

The continued increase in price of nearly every article used in the hospital has made the cost of supporting it greater, in proportion to the number of patients, than in any previous year. The difficulty in making collections in some portions of the country, referred to in the last report, has not materially diminished, and our books show that the institution during the past year earned \$10,145 06, which, from this cause, it has not been able to report among its receipts.

In comparing the receipts and expenditures of the

two departments, it must be borne in mind, that while all the fuel has been paid for at the Department for Females, there is still \$6,414 40 due on that account at the Department for Males. This sum being added to that reported, would make the average cost per week of each patient at the Department for Males \$7 79, and at the Department for Females, as already stated, \$7 50. The high price of fuel is really the greatest cause of our deficiency. Thoroughly convinced that there can be no real economy anywhere in using a defective system of heating and ventilation, it has been our object to do this thoroughly and efficiently, under all circumstances; and whenever thus done, by any mode, a large amount of fuel will be required—for ventilation in winter is always loss of heat. A diminution in the amount of fuel used will too commonly be found to be the result of expedients, injurious to health and comfort. Notwithstanding all the sources of increased expenditures, if our collections could have been made, the institution, with its small increase in the price of board, would have very nearly paid all expenses, exclusive of officers' salaries. As it is, there is an actual deficiency this year, as shown by the stewards' statements, of \$12,051 74, and to this should be added the amount unpaid for coal at the Department for Males, which would bring the amount to \$18,465 14. The amount of outstanding debts to meet the deficiencies of this and last year is more than 30,000 dollars. The amount expended on free patients, in 1864, was \$11,682 03.

While the most rigid economy has been observed, we have believed that our community would appreciate all efforts made to maintain the institution in its highest state of efficiency, whatever might be its temporary

embarrassments on account of a condition of public affairs which no one could have foreseen or provided for. Events seem to me to have shown conclusively that we were not mistaken in this supposition, and there is just ground for confidence in the future. No one can well deny that the course pursued by the institution has been right, and that is a sufficient reason why it should be continued. There can be no true economy in doing wrong. A temporary saving of money may really be the worst kind of extravagance in the end, and if we wish to retain the confidence of the community and be the recipients of its liberality, we must continue to deserve it. In the history of the past, liberal friends have appeared when least expected, and we ought now to have faith enough to believe that it will not be different in the future.

ACKNOWLEDGMENTS.—I have the satisfaction of again acknowledging the obligations we are under to the many friends who, as in previous years, have enabled us steadily to increase the comforts of the patients, and add to the usefulness of the institution. From this source, during the past year, we have added materially to our means of occupation and amusement, have increased our stock of books, periodicals, pictures, and musical instruments, and have provided many of the sick with what ministered to their comfort, and could not otherwise have been obtained. In addition to the very liberal donation for the erection of the new Gymnastic Hall, by Samuel Welsh, already referred to, we have received from Wistar Morris, \$250; Mordecai L. Dawson, \$100; S. Morris Waln, \$100; R. Shoemaker & Co., \$175 (in glass); McKean, Borie & Co., \$100;

J. Gillingham Fell, \$100 ; Morris, Tasker & Co., \$100, and all the iron pipe required for heating the Hall ; Adolph E. Borie, \$100 ; Mrs. Samuel Welsh, \$100 ; T. S. Kirkbride, \$100 ; James R. Greeves, \$50 ; John T. Lewis, \$50 ; William Biddle, \$50 ; Samuel Mason, \$50 ; John M. Whitall, \$50 ; A. J. Derbyshire, \$50 ; Caleb Cope, \$50 ; Edward M. Hopkins, \$50 ; John Bohlen, Jr., \$50 ; I. V. Williamson, \$50 ; William Wister, \$20 ; Sarah Lindlay Fisher, \$20 ; and from John O. James \$20, all of which, amounting to \$1785, were given specially either for preparing the site, procuring the musical instruments, or for furnishing, heating, and lighting the new Hall. To Matthias W. Baldwin we are indebted for \$250, to Matthew Baird for \$250, to Eliza P. Gurney for \$200, to John Stott for \$30, to a lady of New York for \$25, for the special benefit of the patients. To "a restored patient" for \$30, for the use of those with limited means ; to "R." for \$100, for the amusement fund ; to John P. Crosby for a patent swing ; to James R. Greeves for a large collection of books and pamphlets ; and to T. B. Peterson & Co. for six volumes of books ; to William G. Moorhead for \$100, to E. W. Clark & Co. for \$25, to Farnum, Kirkham & Co. for \$15, to William Baird for \$10, for starting the gymnastic exercises. To "a Friend" for \$49, in ornamental glass for the office ; to R. Shoemaker & Co. for a deduction of \$20 in glass bill ; to W. D. Rodgers for a deduction of \$25 in his bill ; to Isaac S. Williams for a deduction of \$15, in his bill ; to Miss Fowler for \$15, for the use of the Department for Males ; to John B. Budd for \$50, for the amusement fund ; and to the following, who contributed through a friend to the Hospital, for the purpose of procuring a piano for the use of one of the patients at the

Department for Males, viz.: William Wister, F. A. Comly, M. W. Baldwin, M. Baird, S. M. Waln, C. A. Beach, H. P. McKean, A. E. Borie, Geo. F. Tyler, E. W. Clark, J. G. Fell, John A. Brown, E. C. Knight, Jay Cooke, Miss Annie Waln, Solomon W. Roberts, Charles H. Muirheid, Henry Seybert, Miss Fox, C. H. Rogers, Edward Roberts, \$10 each; and G. Peacock, J. Wister, Jr., Charles E. Smith, A. Packer, Joseph Jeanes, E. Shannon, \$5 each, and various sums in cash, amounting to \$65, the whole making the sum of \$305 for this specific object. We are also indebted to Samuel Sloan for the ornamental glass over the door of entrance of Gymnastic Hall; to "a Friend to Amusements" for music and refreshments for various parties; to F. Langenheim for a number of photographic pictures for the lanterns and stereoscopes; to Dr. T. G. Morton for curiosities for the Museum; to James P. Wood for a deduction of \$100 in the price of Gold's low steam apparatus; to James S. Earle & Sons and G. Pelman for liberal deductions in bills for pictures; to Levi Morris for \$20 for the use of the Hospital; to the contributors for the purchase of the Model House and of the materials of the Turkish Divan at the Sanitary Fair; to William Wister for special services in increasing the amusements of the patients; to Samuel Sloan, architect, for valuable professional services rendered gratuitously during the past, as in many previous years; to T. F. Eppelsheimer for hides for the new Ten-pin Alley; to John Williamson for a lot of Continental money for the Museum; to Mrs. Beebe for several oil paintings, executed by herself, for the Department for Males; to Mrs. Behrens and friends, and Miss Alexander and friends for a number of concerts at the Department for Males; to Thomas

Fitzgerald for two copies of the "City Item;" and to McAllister & Co. and James W. Queen & Co. for valued facilities for increasing the interest of our Evening Entertainments.

I would also renew my expressions of obligation to those associated with me officially for cheerful and efficient aid in the management of the institution, and to all in the various positions connected with the immediate care of the patients who have rendered valuable and appreciated services. There is no one in any position connected with the management of the patients, in a hospital for the insane, especially if engaged in their immediate care, but may, by performing the duties of the post—always an honorable one, if rightly filled—in a truly Christian and self-sacrificing spirit, earn and deserve much more, both of remuneration and credit, than is commonly received; but none will be so likely to do justice to these services as those who have longest had the best opportunity, by personal observation, of knowing their character, and therefrom appreciating their importance.

DEATH OF FREDERICK BROWN.—I could hardly close this report without some reference to our loss of a friend, who for a long period was one of the most active members of the Board of Managers of this institution, and whose interest in its prosperity and usefulness remained undiminished to the last days of his life. Frederick Brown became a manager of the Pennsylvania Hospital on the 29th of July, 1841, and died on the 27th of February, 1864, so that his service had extended over a period of more than twenty-two years.

Remarkable for his fine physical development, his

active mind, and his prudent habits of living, he had enjoyed almost uninterrupted health till the occurrence of the insidious but fatal malady which closed his useful life in the 69th year of his age. During the long period of his connection with the hospital, circumstances led the writer to an almost constant official and friendly intercourse, which only tended to increased respect for his goodness of heart, excellence of character, and unostentatious benevolence. A very large number of those who entered this hospital, or their friends, had occasion at some time or other to visit him on matters of business, and not a few who met him when they were almost crushed under a heavy load of sorrow, will remember how much it seemed lightened by his kind and genial manner, his hopeful words, and his unmistakable sympathy with their misfortunes. His visits to our wards were always looked forward to with pleasure by all, for he had kind and cheerful words for every one, and the humblest among the patients was no more neglected in his attentions than those of the loftiest pretensions.

In all the domestic relations of life, he was a pattern for imitation, and his practical good sense and enlarged knowledge of the world made him a safe counsellor to the many who resorted to him for advice. As a friend he was ever reliable, and his great prosperity in business was not the result of chance, but of talent, industry, and unswerving integrity, which when combined, as they were in him, rarely fail to command success. Those who knew him most thoroughly and longest are best able to understand how much such a man is missed in any community, and will always have associated with his memory, a vivid recollection of a genial heart, of

private worth and public spirit, and a life of activity and usefulness.

CONCLUSION.—The period embraced in this report finishes twenty-four years since this department was reorganized, and the patients removed from the original hospital in the City of Philadelphia. It is one hundred and thirteen years since the first efforts were successfully made to provide accommodations for the insane of Pennsylvania, and in no one has there been greater cause of gratitude to an over-ruling Providence for beneficent results and for the numberless blessings and the protection vouchsafed to the institution and those connected with it. The Pennsylvania Hospital was the first institution in America erected for the care and treatment of those afflicted with mental as well as physical disorders, and to the credit of those who initiated these movements, it may be said, that not only the care, but the cure of the insane was, from the first, a distinguishing object in their efforts. In reviewing the history of the institution, it will be seen how prominent the welfare of this class always was in the minds of its founders, how steadily the necessity for adequate provision for such cases was insisted on in every petition to the government, and in every appeal to the people, and many of the largest gifts to the hospital were from those whose sympathies had been excited by a special interest in this portion of its suffering inmates. It is gratifying to know that this early interest has not only continued undiminished in our community, but, especially of late years, has taken such shape as to leave durable and unmistakable evidences of its depth and sincerity. It is natural that this should have been so, and the same causes should inspire

confidence in every period of financial embarrassment, that, as long as it is deserving, it will continue to receive the support of the liberal and benevolent. An enlightened community must know that such an institution is a necessity in civilized life, that it makes provision for a class of diseases from which none can claim exemption, and that for a large proportion of those who suffer, proper and successful treatment cannot be carried out in their own homes, no matter what appliances may be given by boundless wealth and the tenderest affection—thus proving it as important to the rich as to the man of moderate means, or the far larger number, who, to this great sorrow, have the additional burden of poverty. While no one is certain that the advantages offered by such an institution may not some day be required for himself, or some one most dear to him, all must have an interest that it should ever be kept in the highest efficiency; and the proper feeling of gratitude for an exemption from the causes which render its use indispensable to many, can hardly fail, in a rightly constituted mind, to incite an active interest in rendering it still more useful to those less fortunate than ourselves.

Believing that these views are becoming more and more prevalent, there is need to add but little, when commending the institution, as I again do, to your continued interest, and the generous sympathies of an enlightened community.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1865. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c., can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____ M. D.

_____, 1864.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ }
_____, 1864.

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the ——— day of ———, 1864.

The above preliminaries having been complied with an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.



R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1865.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1866.

OFFICERS OF THE INSTITUTION.

MANAGERS.

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JOHN T. LEWIS.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

THOMAS S. KIRKBRIDE, M. D.

Department for Males.

ASSISTANT PHYSICIAN.

S. PRESTON JONES, M. D.

2^d ASSISTANT PHYSICIAN.

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HARRIET P. SMITH.

Department for Females.

ASSISTANT PHYSICIAN.

J. EDWARDS LEE, M. D.

STEWARD.

JOHN WISTAR.

MATRON.

MARGARET N. WISTAR.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN compliance with the requisitions of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his twenty-fifth Annual Report.

At the date of the last report there were 279 patients in the institution, since which 231 have been admitted and 206 have been discharged or died, leaving 304 under care at the close of the year.

The total number of patients in the hospital during the year was 510. The highest number at any one time was 319; the lowest was 273; and the average number under treatment during the whole period was 298.

The number of males in the hospital during the year was 266, and the number of females was 244. The highest number of males at any one time was 159, and the highest number of females was 160. At the beginning of the year there were 137 males, and 142 females. At this date there are 153 males, and 151 females. The number of males admitted during the year was 129, and the number of females 102.

Of the patients discharged during the year 1865, were—

	Males.	Females.	Total.
Cured	53	49	102
Much improved	3	9	12
Improved	18	10	28
Stationary	19	7	26
Died	20	18	38
	<hr/>	<hr/>	<hr/>
Total	113	93	206

Of the patients discharged "cured," fifty-six were residents of the hospital not exceeding three months; twenty between three and six months; twenty between six months and one year; and six for more than one year.

Of those discharged "much improved," four were under treatment less than three months; three between three and six months; one between six months and one year; and four for more than one year.

Of the "improved," six were under care less than three months; eight between three and six months; seven between six months and one year; and seven for more than one year.

Of those discharged and reported "stationary," seven were under care less than three months; six between three and six months; five between six months and one year; and eight for a longer period than one year.

Twenty males and eighteen females have died during the year. Of these deaths, four resulted from acute mania; six from apoplexy; one from epilepsy; three from pulmonary consumption; seven from organic disease (softening) of the brain; three from old age; one from syncope; four from dysentery; five from the gradual exhaustion of chronic mania and impaired general health; one from the effects of confinement in

Libby Prison; one from internal abscess; one from typhoid fever; and one from inflammation of the stomach.

Of the patients who died, ten were admitted for mania; nine for melancholia; two for monomania; fifteen for dementia; and two for delirium.

Of those who died, twelve were in the house less than one month; six between one and six months; seven between three and six years; one for fourteen years; one nearly sixteen years; and one in the two branches of the hospital sixty-four years five months and six days.

It will be observed that the number of deaths is larger than usual, although the general health of both departments, with an exception at one for a short period in July, has been remarkably good. The exception alluded to was immediately after the sudden hot weather in June, when several severe cases of dysentery occurred, and from which three patients and one very worthy attendant died. In about four weeks the disease had disappeared, and there was afterwards a very healthy summer and autumn. A large part of the mortality of the year was in cases that seemed hopeless when admitted, but who could not well be taken care of at home—old age, consumption, apoplexy, and organic disease of the brain, making up one-half of the whole number.

PREMATURE REMOVALS.—No year passes without there being cause of regret, that patients placed in the institution for treatment, have been removed prematurely, but the number who now suffer from such proceedings is really much less than formerly,—giving another evidence of an improved public sentiment on the subject of insanity, a better appreciation of its generally chronic character, and a conviction that a steady perseverance

in the most liberal and enlightened course of treatment is, after all, the great secret of success in its management. The importance of early treatment in mental maladies is now, nearly everywhere, very justly recognized, but even this is hardly of less consequence than a determination to persevere in the treatment when once commenced, even under what seem to be the most discouraging circumstances. No case is so bad as to be unworthy of a trial of remedies, and the reward for this course is every now and then seen in the perfect restoration of those that seemed hopeless, and in the return to their families of those who had been given up as forever lost to them. On the contrary, a vacillating course of treatment, experimenting where no experiments are justifiable, because the proper principles of treatment are well understood, and yielding to the prejudices of well-intending but injudicious friends, or to the extravagant pretensions of interested charlatans, rarely fail to show their sad results, only too often in permanent mental disorder, due mainly to the loss, or worse than loss, of the best period for the use of remedies. It is not rare that patients themselves often teach their friends a valuable lesson on this subject, for although they may have been importunate in their desires to go home, when once there, to their great surprise, they have found that they were not prepared for the change and have become equally anxious to return to the institution.

STATISTICAL TABLES.—These tables have been made up as carefully as the circumstances under which the patients are received would permit, and as far as possible facts only have been used. Few such statistics, however, can

be prepared that do not contain some matters of opinion, and these must always derive their value from the care exercised in arriving at conclusions, in the ability of the observer, and the extent of the field for observation. It is hardly necessary to say that our attempts to tabulate the circumstances of the different cases have been based on our own inquiries and observations, and not on the opinions of the friends of the patients alone. Thus prepared, as I have frequently remarked, I can see no reason why the statistics of insanity should not be just as reliable as those of any other kindred subject; and I have never been able to discover why any one deciding that his own labors in that direction have had little practical value, should prevent others who entertain different views in regard to their own observations, from giving the results of their experience.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	2421	2133	4554
Discharges	2268	1982	4250
Remain	153	151	304

TABLE II.—*Showing the ages of 4,554 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	165	133	298
Between 10 and 15	6	13	19	“ 55 and 60	97	84	181
“ 15 and 20	129	138	267	“ 60 and 65	85	68	153
“ 20 and 25	357	307	664	“ 65 and 70	30	47	77
“ 25 and 30	375	342	717	“ 70 and 75	31	31	62
“ 30 and 35	310	265	575	“ 75 and 80	17	12	29
“ 35 and 40	332	266	598	“ 80 and 85	3	3	6
“ 40 and 45	244	243	487	“ 85 and 90	—	—	—
“ 45 and 50	238	177	415	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 2,421 male patients.*

Farmers	329	Contractor	1
Merchants	235	Author	1
Clerks	184	Tanners	6
Physicians	49	Artists	19
Lawyers	45	Hairdressers	2
Clergymen	28	Police Officers	7
Masons	21	Machinists	39
Umbrella-makers	3	Plane-maker	1
Printers	24	Iron-masters	2
Teachers	37	Weavers	27
Officers of the Army	10	Bricklayers	11
“ “ Navy	14	Brickmakers	4
Students	49	Sail-makers	5
“ of Medicine	15	Coopers	3
“ of Law	6	Jewellers	14
“ of Divinity	8	Potter	1
Saddlers	13	Chair & Cabinet makers	23
Peddlers	13	Blacksmiths	29
Tobacconists	21	Watchmakers	6
Carpenters	83	Hotel Keepers	30
Bakers	13	Second-hand dealers	3
Seamen and Watermen	54	Cap Manufacturer	1
Planters	29	Locksmiths	3
Manufacturers	50	Millers	15
Coachmen	5	Glassblowers	2
Druggists	22	Wheelwrights	6
Laborers	187	Gardeners	9
Engineers	15	Chemists	4
Plasterers	14	Print Cutters	2
Bank Officer	1	Curriers	2
Conveyancers	2	Tailors	39
Bookbinders	8	Shoemakers	80
Hatters	7	Brokers	7
Rope-makers	3	Waiter	1
Tinmen	16	Stove-makers	3
Painters	21	Dentists	2
Brush-maker	1	Victuallers	11
Paper-hangers	2	Soldiers U. S. A. . . .	14
Boat-builder	1	Brewer	1
Carver	1	Coach-trimmers	2
Confectioners	12	Auctioneer	1
Coach-makers	2	Plumbers	2
Public Officers	2	Type Founders	2
Shipwright	1	Telegraph Operators	2
Collector	1	Whip-maker	1
Nurses	2	Silversmith	1
Soap-maker	1	No occupation	314

TABLE IV.—*Showing the occupation of 2,133 female patients.*

Seamstresses, or Mantua-makers	217	Wives of Plasterers	2
Storekeepers	24	“ Engineers	6
Attendants in stores	13	“ Artists	10
Cigar-makers	3	“ Bricklayers	2
Teachers	52	“ Paper-maker	1
Domestics	236	“ Collectors	3
Nurses	15	“ Brickmakers	3
Artists	3	“ Seamen	10
Factory Girls	4	“ Merchants	139
Physician	1	“ Physicians	12
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Lawyers and Judges	26
Daughters of Farmers	104	“ Shoemakers	27
“ Merchants	116	“ Hatters	5
“ Masons	2	“ Cabinet-makers	13
“ Bank Officers	5	“ Laborers	122
“ Weavers	5	“ Grocers	6
“ Laborers	18	“ Clergymen	18
“ Sea Captains	3	“ Tobacconists	4
“ Auctioneer	1	“ Weavers	11
“ Innkeepers	3	“ Sea Captains	2
“ Teachers	10	“ Victuallers	8
“ Carpenters	9	“ Brush-makers	2
“ Paper-makers	2	“ Tailors	18
“ Physicians	10	“ Millers	6
“ Planters	20	“ Police Officers	4
“ Watchmaker	1	“ Carpenters	24
“ Curriers	3	“ Druggists	13
“ Clerks	24	“ Planters	10
“ Engineer	1	“ Peddlers	4
“ Clergymen	10	“ Manufacturers	36
“ Miller	1	“ Broker	1
“ Public Officers	14	“ Tanners	8
“ Officer of Army	1	“ Officers of the Army	7
“ “ Navy	1	“ “ Navy	1
“ Lawyers	11	“ Plumbers	3
“ Machinists	5	“ Blacksmiths	7
“ Bricklayers	2	“ Bakers	4
“ Chair-maker	1	“ Confectioners	2
“ Manufacturers	7	“ Hair-dresser	1
“ Tailors	3	“ Contractors	2
“ Waterman	1	“ Dentists	2
“ Bakers	4	“ Watchmakers	2
“ Printers	4	Of the <i>Widows</i> similarly situated, were—	
“ Shoemakers	3	Widows of Merchants	40
“ Druggist	1	“ Physicians	10
“ Artists	3	“ Public Officers	11
“ Brickmaker	1	“ Sea Captains	5
“ Blacksmiths	2	“ Hotel Keepers	3
“ Dentist	1	“ Shoemakers	18
Of the <i>Married</i> similarly situated, were—		“ Clergymen	3
Wives of Clerks	57	“ Farmers	46
“ Teachers	11	“ Coopers	3
“ Farmers	185	“ Laborers	24
“ Brass Founders	4	“ Manufacturers	13
“ Gardeners	5	“ Lawyers	4
“ Saddlers	4	“ Carpenters	5
“ Printers	4	“ Clerks	10
“ Machinists	25	“ Tanner	1
“ Masons	2	“ Teachers	2
“ Painters	2	“ Planters	6
“ Stage Owners	2	“ Bricklayers	2
“ Cutler	1	“ Painter	1
“ Bank Officers	6	“ Seamen	7
“ Innkeepers	24	“ Engravers	2
“ Book-binders	3	“ Engineers	4
“ Tinman	1	“ Machinists	3
“ Editors	3	“ Mason	1
		“ Printer	1
		“ Blacksmith	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 4,554 patients.*

	Males.	Females.	Total.
Single	1224	882	2106
Married	1086	977	2063
Widows	—	274	274
Widowers	111	—	111

TABLE VI.—*Showing the nativity of 4,554 patients.*

Natives of Pennsylvania	2455	Natives of England	207
“ New Jersey	222	“ Scotland	30
“ Delaware	98	“ Ireland	592
“ Maryland	126	“ Germany	247
“ Virginia	66	“ Poland	8
“ North Carolina	41	“ Prussia	9
“ South Carolina	44	“ Switzerland	5
“ Georgia	22	“ Bermuda, W. I.	2
“ Alabama	13	“ Jamaica, “	1
“ Tennessee	13	“ St. Domingo, “	4
“ Indiana	5	“ Barbadoes, “	3
“ Kentucky	18	“ Cuba, “	5
“ D. of Columbia	12	“ Guadaloupe, “	1
“ Maine	7	“ Martinique, “	1
“ Massachusetts	42	“ St. Croix, “	1
“ Connecticut	29	“ St. Thomas	1
“ Missouri	5	“ Isl. of Madeira	1
“ Ohio	20	“ Isle of Man	1
“ New Hampshire	7	“ Spain	1
“ Louisiana	15	“ Italy	1
“ Rhode Island	7	“ Denmark	2
“ New York	113	“ Holland	1
“ Mississippi	7	“ Austria	4
“ Vermont	3	“ Bavaria	2
“ West Virginia	1	“ Venezuela, S. A.	1
“ Michigan	1	“ Norway	1
“ Nova Scotia	2	“ Costa Rica	1
“ Canada	13	Born at Sea	1
“ France	13		

TABLE VII.—*Showing the residence of 4,554 patients.*

Residents of Pennsylvania	3829	Residents of Iowa	5
“ New Jersey	140	“ Connecticut	5
“ Delaware	74	“ Maine	3
“ Maryland	95	“ Rhode Island	4
“ Virginia	50	“ New York	69
“ West Virginia	1	“ Florida	1
“ D. of Columbia	20	“ Wisconsin	1
“ North Carolina	38	“ California	3
“ South Carolina	31	“ Oregon	1
“ Georgia	23	“ Minnesota	1
“ Alabama	14	“ Kansas	1
“ Louisiana	26	“ Jamaica, W. I.	1
“ Tennessee	8	“ Barbadoes, “	4
“ Kentucky	13	“ Cuba, “	7
“ Arkansas	3	“ St. Croix, “	1
“ Mississippi	7	“ St. Thomas	1
“ Vermont	2	“ Isl. of Madeira	1
“ Texas	4	“ Germany	2
“ Illinois	6	“ Venezuela, S. A	2
“ Michigan	1	“ England	1
“ Ohio	20	“ Norway	1
“ Indiana	12	“ Costa Rica	1
“ Missouri	11	“ Mexico	1
“ Massachusetts	9		

TABLE VIII.—*Showing the supposed causes of insanity in 4,554 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	412	371	783	Want of employment	37	—	37
Intemperance	290	21	311	Mortified pride . . .	2	1	3
Loss of property . .	116	38	154	Celibacy	1	—	1
Dread of poverty . .	3	2	5	Anxiety for wealth	2	—	2
Disappointed affections	27	39	66	Use of opium	7	10	17
Intense study	35	10	45	Use of tobacco . . .	6	—	6
Domestic difficulties	33	63	96	Use of quack medicines	2	1	3
Fright	12	23	35	Puerperal state . . .	—	176	176
Grief, loss of friends, &c.	62	176	238	Lactation too long continued	—	9	9
Intense application to business	32	3	35	Uncontrolled passion	5	7	12
Religious excitement	68	80	148	Tight lacing	—	1	1
Political excitement	12	—	12	Injuries of the head	52	6	58
Metaphysical speculations	1	—	1	Masturbation	63	—	63
Want of exercise . . .	6	2	8	Mental anxiety . . .	126	163	289
Engagement in a duel	1	—	1	Exposure to cold . .	3	1	4
Disappointed expectations	6	11	17	Exposure to direct rays of the sun . .	38	2	40
Nostalgia	—	6	6	Exposure to intense heat	—	1	1
Stock speculations . .	2	—	2	Exposure in army . .	5	—	5
				Unascertained . . .	954	910	1864

TABLE IX.—*Showing the ages at which insanity first appeared in 4,554 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	10	4	14	Between 45 and 50	180	142	322
Between 10 and 15	35	41	76	“ 50 and 55	101	94	195
“ 15 and 20	228	232	460	“ 55 and 60	71	82	153
“ 20 and 25	449	389	838	“ 60 and 65	54	38	92
“ 25 and 30	409	383	792	“ 65 and 70	20	11	31
“ 30 and 35	301	267	568	“ 70 and 75	14	7	21
“ 35 and 40	312	223	535	“ 75 and 80	10	3	13
“ 40 and 45	226	214	440	“ 80 and 85	1	3	4

TABLE X.—*Showing the forms of disease, for which 4,554 patients were admitted.*

	Males.	Females.	Total.
Mania	1090	1007	2097
Melancholia	548	681	1229
Monomania	362	270	632
Dementia	411	170	581
Delirium	10	5	15

TABLE XI.—*Showing the duration of the disease at the time of admission in 4,554 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . . .	1265	1195	2460
Between 3 and 6 months . . .	161	146	307
“ 6 months and 1 year . . .	298	243	541
“ 1 and 2 years	295	209	504
“ 2 and 3 “	126	91	217
“ 3 and 4 “	66	53	119
“ 4 and 5 “	48	33	81
“ 5 and 10 “	80	77	157
“ 10 and 15 “	37	33	70
“ 15 and 20 “	18	25	43
“ 20 and 25 “	9	13	22
“ 25 and 30 “	8	9	17
“ 30 and 35 “	3	3	6
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 4,554 cases.*

	M.	F.	T.		M.	F.	T.
First attack	1726	1500	3226	In the <i>periodical</i> cases,			
Second "	387	371	758	9th paroxysm	2	4	6
Third "	124	132	256	10th 2 m. 6 f., 11th 2 m. 4 f.	4	10	14
Fourth "	68	54	122	12th 2 m. 3 f., 13th 1 m. 1 f.	3	4	7
Fifth "	31	20	51	14th 1 m. 2 f., 15th 1 m. .	2	2	4
Sixth "	46	10	56	16th 1 m., 17th 2 m. . . .	3	—	3
Seventh "	12	5	17	18th 4 m., 19th 1 m. . . .	5	—	5
Eighth "	5	7	12	20th & 21st each 1 m. & 1 f.	2	2	4
				22d 1 m., and to 26th each 1 f.	1	5	6
				27th 2 f., 29th 1 f. . . .	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 4,250 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1138	1072	2210	1260	629	280	40	1
Much improved	162	207	369	163	126	59	21	—
Improved	356	320	676	247	191	110	128	—
Stationary	305	173	478	159	108	72	138	1
Died	307	210	517	223	106	29	146	13

TABLE XIV.—*Showing the number of admissions, discharges, cures and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	356	358	166	49
2d "	357	227	112	36
3d "	420	345	187	40
4th "	436	331	160	48
5th "	443	398	191	51
6th "	442	379	198	36
7th "	352	393	204	45
8th "	345	403	218	53
9th "	352	337	189	47
10th "	378	366	198	35
11th "	346	334	188	38
12th "	327	349	199	39

GARDENS AND PLEASURE GROUNDS.—Although less has been done during the past year than was desired in improving and ornamenting the pleasure grounds of the institution, they have not been neglected. Their great importance is made more and more manifest, and without them, it would be impossible to carry out what is here regarded as essential in the treatment of the insane—free exercise in the open air, for at least nine-tenths of all the patients, every morning and afternoon, not in small confined court-yards, but in the open fields, where there is ample space, variety of scene, and dry walks for all seasons of the year. As mentioned in my last report, there were then at the department for males, one and a quarter miles of brick walks, and as much made of boards, and at the department for females, one and a half miles of brick, and one and a fifth miles of boards. These walks have been slightly extended, and we should not now know how to dispense with them. The carriage roads inside of the enclosures, nearly two miles at each building, have been regularly used as heretofore, and especially at the Department for Females, with still greater benefit to the patients, as the facilities for doing so have been increased.

The gardens at both departments have been very productive. The importance of having an abundant supply of fresh vegetables gathered every morning is very great, and even those who do not engage in the healthful pursuit of cultivating them, rarely fail to be interested in observing what is being done by others.

Some new arrangements have recently been decided on, by which it is hoped that the male patients, under the supervision of an experienced and efficient officer, will be able to do much more work in the gardens and

on the pleasure grounds than formerly, and without any risk to themselves, derive increased benefit from what is unquestionably one of the very best forms of occupation for a large number of the insane.

WORKSHOPS AND MECHANICAL DEPARTMENT.—It is really important that ample provision should be made, in connection with every hospital for the insane, for the mechanical employment of those patients who are likely to be interested in such pursuits, and whose mental and physical condition makes it desirable that they should have such forms of occupation. Much discretion, however, is always necessary in directing labor for the insane, and most, perhaps, when mechanical employments are engaged in. The medical officers alone can properly prescribe it, and they should always carefully observe its effects on the patients, and the mode in which they perform the work assigned them. All efforts to make the labor of the insane profitable to an institution are liable to render it a disadvantage, instead of a benefit, to the patients. If entrusted to ordinary persons, and with the understanding that the more profitable peculiarly the work of the patients is made, the better their employers will be pleased, it is almost certain that not a few will be required to do more than is proper, and that uncomplaining persons will often suffer from attempting what is really beyond their physical capacity. This applies particularly to cases somewhat acute in their character, in which there is often a morbid activity and energy, but it is also true of the chronic and the demented, the very classes which are relied on to reduce the cost of taking care of the afflicted, when it is proposed to prepare separate institutions for the insane

who are supposed to be incurable, and about which something more will be said in a subsequent part of this report.

It is obvious that few patients can engage advantageously in mechanical pursuits in comparison to those who may amuse themselves in taking care of the pleasure grounds or the vegetable and flower gardens, still there are some who seem to derive special advantage from the mental occupation required in the former, and cases are familiar to most of us, where, to exactly such agencies perfect recoveries seem to be attributable.

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—Every year gives new proof of the value of our evening entertainments, and inculcates the lesson that there should be a steady determination to add to their number and efficiency. In every hospital for the insane, during at least nine months of the year, there should be scarce any, if a single evening of the week, during which there is not some form of instruction or amusement that can be participated in by a very large proportion of all the patients. Nothing but some great necessity should ever be permitted to interfere with the regularity of these entertainments, and when one mode of interesting the patients cannot be used, there should always be versatility of talent enough to see that another is substituted. The patients should be almost as certain of receiving the advantage of these means of breaking up the monotony of hospital evening life, as of getting their meals or anything else that is furnished by an institution. At our Department for Males, the lecture-room is used four evenings of every week during nine months of the year. One is devoted

to reading the Bible, and three are for lectures, exhibitions of dissolving views, always with music, concerts, &c. The two fine bowling-rooms, each having two alleys, in different wings of the building, and the new and elegant billiard-room, all well warmed and lighted, besides the various means always at hand in the wards, offer means of diversion to a considerable number of the patients for other hours and the remaining evenings. At the Department for Females, there is but one evening in the week without a regular lecture, exhibition, or something accessible to nearly all the patients. The lecture-room is used as at the Department for Males during four evenings, and two others continue to be devoted to light gymnastics, to the gratification of all and the special benefit of many, in the elegant hall, which the generous liberality of a few friends enabled us to provide last year without any cost to the hospital, and which is now also used for musical entertainments, patients' parties, &c., for which it is much better adapted than any other room in the building.

The Twentieth Annual Course of Evening Entertainments in the lecture-rooms,—embracing, as for some years past, not less than one hundred and twenty-five at each building,—was full of interest and as thoroughly appreciated as heretofore by a large proportion of the patients. The twenty-first course, now in progress, is of the same general character as has been reported somewhat in detail on previous occasions, and, like the last, is under the immediate charge of Dr. Jones at the Department for Males, and of Dr. Lee at the Department for Females, whose interest in them and intelligent supervision have added so much to their character and usefulness. As in former years there has

been a steady increase in our stock of photographic pictures of a superior character, which, with the kindness of our friends in Philadelphia, have enabled us to show a variety that cannot readily be surpassed.

Another year's experience with *light gymnastics* as carried out here, has fully confirmed all that was said a year ago in regard to the physical benefit resulting to those participating in the exercises, and hardly less important has been the pleasure enjoyed by the large number of other patients always present during the evenings thus occupied. These exercises have now been kept up regular, at the Department for Females, for more than two years,—once a week during the three summer months, and at least twice a week during the rest of the year,—and are now considered permanently established as a part of our hygienic resources. The total number who have been members of the class is ninety-nine, the average number exercising is between twenty and thirty, and the proportion of patients in it who have recovered and left us has been strikingly large. The intelligent interest manifested in these exercises by the leader of the class and by many of the attendants who have been connected with it, has added much to its very gratifying success, and I believe none have participated in the exercises regularly without receiving personal benefit. It has been particularly satisfactory to observe how often individuals of the highest intelligence have been foremost to appreciate the value of these exercises.

MUSEUMS AND READING-ROOMS.—The museums and reading-rooms, at both departments, have had about the ordinary additions to their collections of objects of in-

terest, and are at all times rendered as attractive as possible for those patients likely to be benefited by their use. Through the liberality of our friends we have had a large amount of reading matter furnished for them and the wards in the shape of books, newspapers, and other periodicals, the supply of which can hardly be too large for such an institution. There is no ward, and no class of patients, in which, or among whom, are not to be found some who are fond of reading, and still more, who enjoy looking over printed matter, especially if joined with illustrations, even if they are not always in the highest style of art.

IMPROVEMENTS.—Within a few months an important improvement has been made in the heating apparatus at the Department for Females, by removing one of the first tubular boilers introduced there more than twelve years ago, when we commenced our experiments in substituting steam heating for the furnaces which were originally placed in the building, and putting up in its stead one of Harrison's patent cast-iron boilers of much greater power. It is claimed for this new form of boiler, which is entirely novel in many of its features, that it is economical in the use of fuel, convenient for transportation, putting up, and management, having great facilities for cleaning and for repairs, and especially as being safe from the risks attending the terrible explosions which are of such frequent occurrence. This boiler, composed of fourteen slabs, each containing forty-eight spheres, has during much of the time since it was put up, when the weather was moderately cold, warmed the entire building, done all the cooking, and heated nearly all the water required about

the establishment. From all I have been able thus far to observe, I regard this form of boiler as doing what is claimed for it by its inventor, and as being well worthy of a careful examination by all who are interested in steam as an agent for warming buildings or driving machinery.

Through the personal exertions of Dr. S. Preston Jones, a fund has been raised sufficient to purchase two of Phelan and Collander's superior billiard tables, and to fit up the large room in the northwest corner of the main north wing, third story, in a very comfortable manner. The table formerly in the same room, will be put up in the north gymnasium, so as to be accessible to a class of patients that do not commonly have the opportunity to use such means of amusement.

Somewhat extensive repairs with painting that seemed necessary for their preservation, have been made to some of the outbuildings on the hospital premises, and the domes of both hospitals have also been painted. The pond at the Department for Females was thoroughly cleaned out during the dry weather of the past summer, for the first time since the hospital was opened. The north third ward at the Department for Males has been handsomely furnished and opened for use; a part of the expense of which has been defrayed from recently collected subscriptions to the original building fund. As soon as the means can be provided, a large amount of additional furniture will be required at both buildings.

SEPARATION OF THE SEXES.—At the time I proposed to the Board of Managers of this Hospital an extension of its accommodations by erecting an entirely new building, and then separating the sexes, I had had

several years' official connection with three institutions, differing widely in their characters and arrangements, and yet in no one of them had I ever discovered the slightest advantage from treating the two sexes in the same building, while the disadvantages, difficulties, and inconveniences of doing so had always been evident. These views, deliberately adopted, meeting the full approval of your Board and of the contributors, led to the reorganization of the hospital, the removal of the men to the new building, and to the adoption of the system which has now been in operation a little more than six years. At the end of this period of careful observation, it may be sufficient to say that the advantages that were anticipated have been realized, and that I have yet to learn of a single disadvantage to induce any regret for the change.

Among the advantages that have presented themselves is a great increase in the liberty of the patients by having the extent of their pleasure grounds, drives, and walks fully doubled, and doing away with the fences formerly necessary to divide them.

A much more perfect classification is available. Where there were formerly arrangements for eight classes for each sex, there are now sixteen.

It permits the disuse of means to prevent improper mingling of the sexes, which, necessary as they were, often seemed to many of those concerned, arbitrary and uncalled for.

The mental condition of many patients is less troublesome under the present arrangement.

The proportionate number of patients who can attend the lectures and evening entertainments is much larger than formerly.

At the parties and entertainments of the patients they receive better and less divided attention from the attendants than under the old arrangement.

When, from any cause, it is deemed desirable that a large number of patients should be treated in one vicinity, the separation of the sexes permits this to be done without violating the proposition of the association in regard to the best number for a hospital, and yet by the increased number of officers gives additional facilities for consultation in difficult or obscure cases.

The objections to the indiscriminate mingling of patients and attendants of all classes and of both sexes at parties, and especially at dancing parties, were so glaring and serious in their character, that a few trials here at the opening of the hospital led to their almost entire abandonment. Although every one may not be just as well pleased with the substitutes that have been offered, still it is quite possible, by proper efforts, to give other modes of entertainment that will be as much valued by nearly every reflecting person. It has always seemed to me that prominent among the sacred things confided to the officers of hospitals for the insane, was the care that every one who enters its wards, should as far as possible, be prevented from forming while there any acquaintances, at least, with the opposite sex, that would be unpleasant to their friends, and after recovery, not less so to themselves. It must not be supposed from this that the writer undervalues the good influence of female society on many male patients—but it should be the influence of those whose minds are unimpaired, and not of individuals, who, like themselves, are laboring under mental disorder. It is, indeed, a part of the scheme of organization for our Department for Males,

that, at some future day, women of suitable age and of high intelligence and cultivation, should be regularly employed to visit through such wards as may be designated by the physician, and where, by their presence, tact, and conversation, they may exercise an influence in promoting the comfort, happiness, and restoration of patients, to an extent, the value of which, perhaps, those only who have had mental difficulties could properly estimate.

To those who are not familiar with the plan and organization of this hospital, it may be proper to say that the departments for males and females are entirely distinct in all their buildings, grounds, and internal arrangements. Each is, indeed, a complete hospital in itself. Their only connection is the Board of Managers and the Physician in Chief,—the latter, although residing at the Department for Females, and giving it his more particular attention, has also a general superintendence of both.

While Dr. Lee has continued to render his valued assistance at the Department for Females, from the opening of the new hospital the immediate care of the male patients has mainly devolved on Dr. Jones; and to these gentlemen, and the efficient officers associated with them, I have felt greatly indebted for the manner in which my original views in regard to the separation of the sexes have been carried out, and the success of the experiment satisfactorily demonstrated.

THE CARE OF THE CHRONIC INSANE.—Propositions have been frequently made of late to provide separate institutions for what are commonly called incurables, and it seems only proper that the community should

have the views of those whose official relations to this class have compelled them to reflect on the subject. For this reason, and also as a convenient mode of replying to frequent questions, reference is again made to this subject, which has already on more than one occasion been noticed in the reports of this institution. Before entering on any general discussion of the matter under notice, I would once more protest against the use of the term "incurables." There is no one wise enough to say, with absolute certainty, who among the insane are incurable. That can be decided by Omniscience alone. There is no fixed period when such a decree can justly be entered against the sufferers from insanity. Such a decision might often be serious in its results, and there could hardly fail to be produced a sadly depressing influence on any one of common sensibility on being sent to an "institution for incurables." As justly remarked by the editor of the *American Journal of Insanity*, over the entrance to such a building, Dante's inscription for the portals of another place might well be written, "All hope abandon, ye who enter here!" Every one with large experience will easily recall cases where perfect recoveries have taken place when least expected, long after all hope had been given up, not only after one year, but after many years' existence of the most discouraging trains of symptoms. It is a good axiom, that every case received into a hospital should be placed under treatment, and that the use of remedies should be steadily persevered in.

Some kinds of treatment should never be given up, if not to restore the patient, it should at least be to prevent a lower mental and physical condition. Medicine should be given whenever there is any indication

for its use, and very often there is, even in the most chronic cases, but medicine is only one of a long list of means at our command. The other remedies, of a most varied character, which ought always to be found about a hospital for the insane, are, many of them, of a kind that no patient should be deprived of. Important and indispensable as these are for recent cases, their influence on the chronic is also almost uniformly favorable. The absence of many of these accessory means, as is pretty sure to be the case in any separate provision for the chronic insane, is one of the strongest objections to the introduction of such institutions. It is everywhere proposed that these should be cheap establishments, by which is understood, that they are to require little money from the public treasury for their support, and yet such may prove the very dearest kind of institutions for any community. It is never economical to do wrong. The cheapest institution, even if its expenses are large, is that which carries out most efficiently the objects for which it was established—the restoration and comfort of its patients, the relief of the families of the afflicted, and the protection of the community—while an establishment which fails in these respects is a dear one, even if it takes not a single dollar from the pocket of any one, nor from the public coffers; just as an inefficient officer, serving gratuitously, might be much dearer than a thoroughly efficient one with a liberal salary.

It is to be remembered that the chronic are not always the most unpleasant cases about a hospital, and, as a general rule, they are by far the least expensive to treat. The costly arrangements, the special attendance, nursing, and remedies, are particularly for the recent cases, no matter whether they are rich or poor, high or

low in life, and of all levellers of artificial distinctions, insanity is one of the most thorough in its work. Wealth, talents, refined accomplishments, social position, no one or all of these are sufficient to maintain the distinctions which society recognizes, when our fellow men are laboring under some forms of mental disorder.

It is sometimes supposed that recent cases of insanity are injured by coming in contact with the chronic, but if this be so, it must be from a defective system of classification. As already intimated, chronic cases are often among the most intelligent and agreeable persons in an institution, while recent ones may be, and frequently are, among the most unpleasant and repulsive in their habits and actions. It would be pleasant in a town, or a section of a town, to live where there were only educated and agreeable people, none that were naturally vicious or had bad habits of any kind, where all were model Christian men, women, and children, and where in our walks about the streets, we should meet only people agreeable in looks, manners, and conversation. This happy phase of society, however, has not yet been reached anywhere. A hospital for the insane, properly organized with a good and extended scheme of classification, is somewhat like a square or block in a city. Each ward represents a family, and where those belonging to one family or boarding house are not expected to be looking too intently for the difficulties that may be occurring among their neighbors. So in walking along the streets, it is their own fault if their attention is directed especially to what is unpleasant, rather than to the agreeable sights that are constantly coming before them. It is rare that there is a square in any

populous city, where, at some time or other, persons are not to be met, with whom we do not care to associate, but whose presence there, if they are let alone, need not be any particular annoyance to us, and we do not complain that, in a lecture-room, the whole audience is not composed of those with whom we would wish to be intimate.

The proper control of an institution for the chronic insane would require ability of a high order,—even something more, perhaps, than for an ordinary hospital,—for it would often seem to be labor without immediate results, a work of duty, that could only be expected in a high Christian character. The compensation for such services would not be less than for the care of a more interesting class of patients, and the same may be said of subordinates in every department of such an institution. Then, food and clothing would be required just as much for these as for any other class, and the supply of warmth and light for the building ought to be just as liberal. In what way, then, are these institutions for the chronic insane to be carried on at so little cost, except by taking advantage of the infirmities of the patients, and getting from them an amount and kind of labor for which their mental and physical condition will often disqualify them? Certainly this class of misfortunes appeals to the best instincts of our nature to protect those who suffer from them, from even the appearance of wrong.

The idea of making such institutions self-supporting by the labor of the insane, is a fallacy, that a very little experience, in this country, will soon demonstrate to the satisfaction of every political economist. Wherever the labor of the insane is made to produce such a result,

there, I am confident, will be a fair field for investigation, ready prepared for some enterprising philanthropist, for there can hardly be a doubt but that heavy burdens will have been laid on the unfortunate, or that they have been subjected to uncalled-for privations.

All the advantages that can possibly be derived from institutions for the chronic insane alone, can certainly be had in those put up by the different States for both recent and chronic cases, and into which all classes of persons—not the poor alone, but the afflicted—are received. Connected with all such, there should always be an abundance of land for farming and gardening, and ample facilities for mechanical employments. The patients can be just as much in the open air as in any other situation, and when there, can have rational exercise and at the same time be under supervision of a far more efficient character than is likely to be secured in institutions for the chronic alone. The advantages for amusement and pleasant occupation, when not in the open air, will certainly be greater and more varied, and the condition of the chronic insane is so diversified as to require much discrimination in their treatment.

Without reference to the protection of the community from the acts of irresponsible individuals, it is no favor, generally, to the chronic insane, to permit them to wander about at pleasure. This kind of liberty is often only another term for suffering and exposure, and they are saved from both, and have better health and much more enjoyment, by having their movements somewhat directed and controlled by intelligent Christian men and women, who practise that best of mottoes,—best for hospitals, as for ordinary life, though it may not be always too

well remembered,—“All things whatsoever ye would that men should do to you, do ye even so to them.”

The idea of boarding the insane, with private families, in which there is no one with even ordinary qualifications for such a duty as would devolve on somebody, seems hardly worthy of serious discussion. To say nothing of the moral and sanitary objections to such a course, a much greater amount of physical restraint will obviously be necessary, than in any well-conducted hospital.

The only proper mode of providing for the chronic insane, in my estimation, is for every State to erect just as many hospitals as are necessary to give to every insane person within its borders a chance to participate in the benefits which they offer. While these structures should have connected with them everything calculated to promote the comfort and restoration of the patients, not one dollar should be expended on what does not directly or indirectly contribute to these objects, and the propositions of the Association of Medical Superintendents, both in regard to construction and organization, should be fairly carried out. If it is desirable to provide for a large number in one locality, I would then recommend a separation of the two sexes, in the manner which I suggested to Mr. Sloan, the architect, of this city, when preparing plans for the Sheppard Asylum at Baltimore,—which mode does not violate the propositions of the Association already referred to, even in regard to numbers, and which has some features that may be worthy of investigation by those engaged in providing the best accommodations for the insane, at the smallest cost.

It is often said that the people—the tax-payers—

would not willingly submit to the burden of providing for all the insane, in properly constructed and properly managed hospitals. There is, however, no evidence of this being so, coming from the people themselves. The people of this country have on many occasions shown their willingness to bear very heavy burdens when convinced that the cause was right and the money collected faithfully used. If the community can be taught that these institutions are specially for their own benefit, and will be economically built and managed, if they can see that they are made efficient for the relief of the afflicted, if they know how much more economical it is to cure a citizen, even in the costliest hospital, than to support him, and probably some of his family, in an almshouse, for life, hardly any one in this Christian land would be unwilling to contribute his share—exceedingly small as he would find it, if he would make the calculation—of what was required for the purpose. Those in quite moderate circumstances and the poor could hardly object to such expenditures, and the wealthy ought not to do so, for no one is so rich to-day, that some of his descendants may not require the benefits of this, unquestionably one of the most benevolent endowments of the State.

It was in Pennsylvania that the first provision for the insane in America was made. Few States have since done more for this afflicted class. Let it also be said of her hereafter that she was the first to provide for all on whom Providence permits this misfortune to fall, and among the happy results of such a course it will be found that the proportionate number of chronic cases will have greatly diminished, simply because so many of the recent ones have been cured.

RECEIPTS AND EXPENDITURES.—The following statements of receipts and expenditures during the year 1865, have been prepared at my request, by the stewards of the institution.

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$16,987 67
Household expenses	29,662 32
Furniture and lights . \$6,169 97	} 16,993 15
Fuel 10,823 18	
Garden, grounds, live stock, and carriages . . . 1,014 17	} 2,425 99
Grain and feed for stock 1,411 82	
Repairs and improvements	1,750 08
Medicines	1,047 70
Amusement of patients	276 10
Stationery and printing	356 88
Library	38 25
Miscellaneous	501 00
Total expenditures	\$70,039 14
Net receipts	\$66,181 52
Average number of patients	148 $\frac{1}{13}$
“ “ of free patients	8 $\frac{47}{52}$
“ cost per week of each patient	\$9 09
Amount expended in 1865 on free patients	\$4,211 42

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$14,059 98
Household expenses	27,737 77
Furniture and lights . \$3,079 92	} 10,743 77
Fuel 2,663 85	
Coal, unpaid for . . . 5,000 00	
Garden, grounds, live stock, and carriages . . . 1,300 69	} 3,769 40
Grain and feed for stock . 2,468 71	
Repairs and improvements	4,511 38
Medicines	616 77
Amusement of patients	137 09
Printing and stationery	347 75
Miscellaneous	511 34
Total expenditures	\$62,435 25
Receipts	53,511 61
Average number of patients	150½
“ “ of free patients	19
cost per week of each patient	\$8 10
Amount expended in 1865 on free patients	\$8,002 80

From these statements it will be seen that the continued high price of nearly every article used in the hospital, without a corresponding increase of charge for the board and medical attendance of patients, has caused an excess of expenditures at the Department for Males of \$3,857 62, and at the Department for Females, including coal unpaid for, of \$8,923 64—a total of \$12,781 26. The amount of debts unpaid, and which will probably be received hereafter, is sufficient to meet all these deficiencies. The amount expended on free

patients during the year 1865, it will be observed, amounts to \$12,214 22—or only \$567 04 less than the total deficiency—from which an amount of good has been derived that cannot easily be computed.

ACKNOWLEDGMENTS.—I again have the pleasure of acknowledging the obligations which we are under, since my last report, to various friends of the institution who have given new evidence of their interest in it, and in the happiness of its patients. From the money thus contributed we have been able to procure many things that otherwise could not have been obtained, and to add essentially to the comfort and well-being of various patients.

The expenditures from the “Waln Fund” during the past year, as previously, have been on objects of special value to the patients, and which, in the present financial condition of the institution, certainly could not have been procured from its ordinary resources. We have, therefore, renewed cause for the expression of our obligations to the generous donor for his enlightened anticipation of the wants of the hospital.

To Frederick Brown we are indebted for \$200 for the benefit of the patients; to a lady (a former patient) for \$50; to Eliza F. Johnson, dec'd (a former attendant), for \$30; to Mr. Montaut for \$50; to George Ord for an elegantly framed and valuable oil-painting executed by his son, the late Joseph B. Ord; to Joseph Harrison for various evidences of continued interest in the institution; to George W. Childs for books and a valuable supply of exchange papers during the year; to A. Whitney & Sons for two framed engravings; to the following gentlemen for the sums opposite their respective names,

for the purpose of purchasing two new billiard-tables and fitting up a room for their use, at the Department for Males, viz: Anton Hippman, \$54 57; J. F. Eppelsheimer, \$50; Samuel Welsh, \$50; Adolph E. Borie, \$50; Caleb Cope, \$50; C. B. Wright, \$50; Joseph Harrison, \$50; S. Morris Waln, \$50; J. Gillingham Fell, \$50; Davis Pearson & Co., \$50; Noblit, Brown & Noblit, \$50; J. Andrade, \$50; R. J. Watson, \$50; George Abeel, \$50; H. C. Megarge, \$30; George Townsend, \$30; George Levis, \$30; James Baker, \$25; R. G. Allerton, \$25; Dr. George Keyser, \$25; T. S. Kirkbride, \$25; Thomas Sparks, \$25; John T. Lewis, \$25; Charles Vezin, \$25; L. C. Hepburn, \$20; John Cooper, \$20; Thomas W. Davis, \$15; Thomas E. Lightfoot, \$10; L. Benkert, \$10; Edward Shippen, \$5; W. C. Murphy, \$5; Cash (in various sums), \$145 36. Making a total of \$1,199 93.

We are also indebted to Miss Fannie Purves for \$170 for the benefit of the patients, for a mariner's compass and complete set of surgical instruments; to John Williamson for a large number of rare coins for the Museum; to Mrs. Ruth Beebe for a silver cake-basket and several original oil-paintings; to Miss Olivia Nathans for a basket of wax-flowers; to Mrs. E. A. Yoder for a lot of books; to Geo. M. Fried for a lot of corks; to G. Pelman for a deduction on bill for picture-frames; to Wm. Reed for \$5 for the Amusement Fund; to James R. Greeves for \$5 towards a snow-plough; to B. Craycroft for \$5 for the benefit of the patients; to Isaac S. Williams for \$5 deducted from bill; to Alexander Young for five gallons of whiskey, two parcels and two boxes of his malt coffee; to "a Friend" for sixty photographic card pictures; to Richard W. Bacon for a large framed engraving; to Field & Hardie for a present of hardware;

to "a Friend to Amusements" for music and refreshments on various occasions; to Dr. Thomas Geo. Morton for curiosities for the Museum; to Phelan & Collender for a liberal deduction on the price of billiard-tables; to "a Friend to the Hospital" for a pony for the use of the female patients; to Frederick A. Packard for various books and pamphlets; to Wenderoth, Taylor, and Brown for several fine photographic pictures; to Amos Butcher for a raccoon; to Dr. Isaac P. Trimble and to William Chapin for lectures to the patients; to Mrs. Behrens and friends, to Miss Wilhelm and friends, to Miss Marian Alexander and friends, to Mrs. Nevins and friends, and to Miss Fannie Purves and friends, for a number of concerts at the Department for Males; to Thomas Fitzgerald for two copies of the "City Item;" and to McAllister & Co. and James W. Queen & Co. for very important facilities for increasing the interest of our evening entertainments.

I also desire again to express my renewed obligations to those officially connected with me in the care of the Hospital, and to all who have in any position or in any way aided in promoting the welfare and happiness of the patients, for their valued and cheerfully rendered services. Every one connected in any manner with the care of an institution like this, and especially if brought directly in contact with the patients, has at all times an abundant field for exercising the best feelings of humanity, and earning the respect and confidence of those who appreciate useful labor, faithfully performed, in alleviating the afflictions of our fellow-beings.

RETROSPECT OF FIRST 25 YEARS.—It is twenty-five years to-day since this Hospital was opened for the admission of patients. At the end of this period, it can

hardly fail to be interesting, and perhaps profitable, to pass in review some notice of what has been effected by the removal of the insane from their previous accommodations, and to prove from the statistics of the institution, how much its usefulness has been increased by the reorganization of this department.

Before the change alluded to, the insane, for almost ninety years, had been treated in the old city hospital,—originally, from 1752, in the building which it occupied on the south side of Market Street, above Fifth, and after the completion of the first section of the hospital at Eighth and Pine Streets, in 1756, in that structure. At the time of the transfer of the patients, on the 1st day of 1841, there were about one hundred insane, occupying the west wing and two small contiguous buildings of the Pennsylvania Hospital just referred to, and the whole of the ground devoted to their exercises did not exceed two acres. To-day there are 304 patients under care in the two noble structures forming “the Pennsylvania Hospital for the Insane,”—in which is provision for 450, when required,—with 111 acres of land, of which 91 are specially devoted to their gardens and pleasure-grounds, and through which are more than three miles of carriage-drives, and quite as much brick or wooden footwalks, for the special use of the patients.

The transfer of the insane to their new location, west of the river Schuylkill, not only added so greatly to their comfort and enlarged so much the facilities for their treatment, but it also did what is often forgotten,—it gave to the department for the sick in the city one-half of the structure on Pine Street, and as great a proportion of the valuable square of ground on which it stands, thus doubling the capacity of that excellent

charity, so long justly regarded as an honor to the city of Philadelphia.

It is a subject, too, for pleasant reflection, that while giving up so large a part of that building, and of the valuable square on which it stands, the new provision for the insane was all secured without taking anything from the capital of the corporation,—the first hospital, now the Department for Females, being erected and furnished from funds raised by the sale of vacant lots around the parent institution, which originally cost but little, and which had never yielded any material revenue,—and the last, the Department for Males, as is well known, was entirely built and furnished by the generous contributions of our benevolent fellow-citizens. Most prominent of the doings of the past 25 years, must ever be remembered, with pride and gratitude, the collection of \$355,000, the voluntary offerings of benevolent men and women for this last-named purpose, and with which the whole of the new buildings, all the boundary wall, the furniture and costly fixtures and arrangements were provided and paid for. It may also be mentioned in this connection, that the Department for the Insane, during its whole separate existence, has not received from the treasury of the corporation an amount near equal to the interest accruing from that portion of what is called capital stock, that was made up by the profits of keeping the insane, while they were in the old building.

Before the removal of the insane patients, there was an imperfect separation of them into three classes for each sex. The sexes are now treated in entirely distinct buildings, and there are at present actually fifteen classes at the Department for Females and twelve classes at the Department for Males, while provision is made for

sixteen, at each, whenever desired. The proportionate number of attendants to patients is greatly increased, while efficient supervisors and companions have been introduced, thus doing away almost entirely with the use of mechanical means of restraint.

The ample provision for riding and walking on our own grounds, already referred to, has made exercise in the open fields a new feature in the treatment of the patients, and the opportunities for labor in the gardens and workshops are abundant.

The very limited means of amusement originally in use, have given place to handsome lecture-rooms, with entertainments of some kind for nearly every evening,—the coarsely-painted pictures shown in a common magic lantern, and not more than 4 feet in diameter, have disappeared and given place to artistic photographs, magnified by the use of a hydro-oxygen apparatus to 18 feet in diameter,—to the provision of fine halls for gymnastic purposes, of billiard-rooms, and of a great variety of other means of diversion in all the wards,—while the museums and reading-rooms are regularly in use at each building, the collections of books and periodicals have been greatly enlarged, and the bare walls of a former day now have on them many fine pictures and other objects tending to give the wards something of a homelike appearance.

The first piano, and the only one, ever used in the old Pennsylvania Hospital, and probably the first one ever used in an institution for the insane, in America,—the wonder of its day,—was brought to this building when first opened. It is still preserved as a relic of the past. In its place, there are now, in the two departments, twenty pianos, four melodeons, with other musical

instruments, and, like our pictures, nearly all gifts, or obtained from funds contributed by benevolent individuals. Although many of these instruments are far from being what we would wish, or are desirable, still they have been sufficient to establish the principle that in every ward, as is really the case at the Department for Females, this kind of provision may be made, safely and profitably.

At the Department for Females, all the one-story buildings, all the inclosures, the Workshop, the Museums, the Cottage, Amusement Hall, Gymnastic Hall, the Calistheneum, the Greenhouse, and all the Summer-houses, have been put up since the building was occupied by patients. Nearly all the trees except the native woods have, during the same time, been planted, all the roads and footwalks made, all the hot-air furnaces have been removed and steam heating substituted, steam has replaced the horse-power for hydraulic purposes, and improved machinery is doing the work at the wash-house originally done by hand, and the whole of this hospital structure has been thoroughly repaired and improved, since the removal of the men to the new building.

There has been no year in which we have not been able to report "improvements," often of a most important character. This is only as should always be the case, in a hospital for the insane, in which it is hardly possible to remain stationary. There is pretty sure to be retrogression, where there is no progress.

During the last full year that the insane were in the old city hospital, 55 of this class of patients were admitted, while in the last year here there were 231 admissions; during the same period, 20 were discharged

cured in town, and, as already stated, 102 here; in the last twenty-five years in the building in town, 1,861 patients were admitted, and here, during a similar period, just past, 4,555; for the same comparative periods, the cures in town were 592, and in this institution 2,210; while for the whole period the insane were treated in the original hospital in Philadelphia—nearly ninety years—there were 4,364 patients admitted and 1,493 cured, and here, in the twenty-five years this building has been in operation, as already reported, 4,555 were admitted and 2,210 discharged cured. Favorable as this statement is, it does not exhibit the whole truth, nor make it as favorable as it really is, for previous to 1822 all cases of delirium tremens were admitted as insanity, and the recoveries from that disease recorded among the cures. Were all these deducted, it will readily be seen how much more striking the comparisons would be, as cases of delirium tremens are not received here, and inasmuch as three hundred and seven such cases were admitted, and two hundred and five were cured, in the city hospital, in the eight years preceding 1832.

This statement and these comparisons are not made for the purpose of elevating the character of the Hospital, nor to exaggerate the importance of the work that has been done, but as a simple act of justice to the community in which we live, and to the benevolent men and women who have so often and so generously aided it, and whose confidence and support have done so much towards carrying out every scheme for advancing the best interests of the afflicted. It is certainly right that these should know some of the results of their generous liberality, and that they and others whose benevolent instincts may lead them to follow such a noble pre-

cedent may, from a careful study of the past, have reasonable grounds for confidence in the future.

CONCLUSION.—Having shown briefly, as was required by our present limits, some of the results of the benevolent liberality, heretofore, so often invoked, I cannot close this report without again commending the institution to the earnest sympathy and generous confidence of yourselves and the whole community. Although not dissatisfied with what it has already done, I have a firm conviction, that, properly sustained by an enlightened public sentiment, and a liberal recognition of its importance to all classes of people, there is an ample field for equal progress in the next similar period, and that labor, directed with a single eye to ameliorating the condition of the insane, and perfecting their treatment, will be sure to be abundantly rewarded.

It was established solely for the benefit of the afflicted, of every sect and calling, and sacredly devoting all its resources to this one object, receiving no aid from city or State, but relying entirely on private benevolence for its support, it affords accommodations, proportionate in excellence and efficiency to the means at its disposal. All these are for the relief of a malady from which none, be their position and character what they may, can claim exemption, a disease that cannot commonly be successfully treated at home, and which, properly managed in its early stages, is as curable as most serious disorders, but, neglected, too often results in one of the saddest of human conditions. With these aims and this character, the Pennsylvania Hospital for the Insane certainly has claims for a generous recognition from all classes, that are peculiar and can hardly belong to any other kind of institution.

In view of my personal participation in so many of the results detailed in previous pages, I desire to present to you my sincere acknowledgments, for the evidences of a generous confidence, so steadily given me by the Board of Managers, of whom,—although it is several years since there was left a single one of the original members who, without solicitation from any source, honored me with my original appointment,—it may fairly be said, that no changes have ever produced diminished interest in the institution; to the members of the medical profession in so many sections of our country, whose intelligent appreciation of the institution has so widely extended its advantages among their patients; and to our own community that has so steadily given substantial proofs of their conviction of its benevolent objects and of confidence in its management. How much all these have contributed to the success of the Hospital, have lightened the labors of its officers, and have increased the satisfaction resulting from the conscientious performance of duty, none, perhaps, but those occupying similar positions, under less favorable circumstances, can fully appreciate. It will probably be the privilege of few, through so long a period, to have such continued and abundant cause of gratitude to the All-wise disposer of events, for his numberless blessings and protection,—as strikingly in the last year, as in all the past. It can be the lot of no one else to have the satisfaction of witnessing the institution, under his own supervision, from the bare walls of the original main building in an open field, steadily expanding to its present proportions and agreeable surroundings.

It is nearly one hundred and fifteen years since the Pennsylvania Hospital was first established in the old

City of Philadelphia, and, as already stated, it is just twenty-five years since the insane were removed from it to their present accommodations on the west side of the river Schuylkill, and "the Pennsylvania Hospital for the Insane" became a separate department of the corporation. It may fairly be said that in all its branches, through this long period, it has had a remarkably even course of usefulness and unostentatious benevolence, and from these, a resulting public sentiment that was ever ready, when properly appealed to, to aid it in all difficulties and in every emergency.

Our honored ancestors had deeply engraved on the first corner-stone of the original structure at 8th and Pine streets, their abiding faith in the only true reliance for success and prosperity. When the corner-stone of the first building here, designed specially for the insane, was laid, the same words finished the closing address of the day. Looking back through all the past, with a sense of answered petitions, we may now justly, at the end of the first quarter of a century of the Hospital for the Insane, begin another future, with equal faith, and renew, in the same language, the pious invocation of our forefathers, "May the God of Mercies, bless the undertaking!"

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1866. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c., can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____, M. D.

_____, 1866.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ }
_____, 1866.

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, _____ dollars _____ cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove _____ when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the _____ day of _____, 1866.

The above preliminaries having been complied with an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.





PENNSYLVANIA HOSPITAL FOR THE INSANE.

DEPARTMENT FOR FEMILES

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1866.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1867.

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ASSISTANT PHYSICIAN.

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JONATHAN RICHARDS.

MATRON.

JANE MITCHELL.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN obedience to the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his twenty-sixth Annual Report.

At the date of the last report there were 304 patients in the institution, since which 222 have been admitted and 230 have been discharged or died, leaving 296 under care at the close of the year.

The total number of patients in the hospital during the year was 526. The highest number at any one time was 329; the lowest was 290; and the average number under treatment during the whole period was 310, or 152 males, and 158 females.

The number of males in the hospital during the year was 263, and the number of females was also 263. The highest number of males at any one time was 159, and the highest number of females was 170. At the beginning of the year there were 153 males, and 151 females. At this date there are 148 males and also 148 females. The number of males admitted during the year was 110, and the number of females 112.

Of the patients discharged during the year 1866, were—

	Males.	Females.	Total.
Cured	47	55	102
Much improved	5	12	17
Improved	22	21	43
Stationary	24	11	35
Died	17	16	33
	<hr/>	<hr/>	<hr/>
Total	115	115	230

Of the patients discharged "cured," forty-six were residents of the hospital not exceeding three months; thirty-one between three and six months; fifteen between six months and one year; and six for more than one year.

Of those discharged "much improved," four were under treatment less than three months; five between three and six months; six between six months and one year; and two for more than one year.

Of the "improved," sixteen were under care less than three months; seven between three and six months; eight between six months and one year; and twelve for more than one year.

Of those discharged and reported "stationary," fifteen were under care less than three months; five between three and six months; six between six months and one year; and nine for a longer period than one year.

Seventeen males and sixteen females have died during the year. Of these deaths, ten resulted from acute mania; nine from organic disease of the brain (generally terminating in an apoplectic attack, and this year all being men); two from pulmonary consumption; three from old age; one from typhus fever; two from disease of the heart; one from epilepsy; and five from the gradual exhaustion of chronic insanity, attended, as it so often is, by defective nutrition.

Of the patients who died, fourteen were admitted for mania, seven for melancholia, one for monomania, ten for dementia, and one for delirium. The patient referred to above as dying from typhus fever, is the same that was admitted for delirium, and, of course, was not regarded as a suitable case for the hospital, but was too ill to be removed, after the precise character of the case was ascertained. Of those who died, eleven were in the house less than one month; eight, between one and six months; five, between six months and one year; and nine for more than one year, one of these last having been a resident of the institution for fifty-three years seven months and nine days, twenty-five years five months and seven days being passed here, and twenty-eight years two months and two days in the old hospital, previous to the removal of the insane. The mortuary record of this, like those of previous years, shows how dangerous a disease acute insanity really is, although when the patient passes safely through the first three or four weeks, a favorable termination may generally be hoped for. It occasionally happens that cases of this description are brought to the hospital when too ill to bear the fatigues of a journey, and permanent injury often results from such a course. It is really important, as a very general rule, that cases of insanity should be placed under treatment promptly, but in case of serious illness, the exposure and risks attendant upon a long carriage ride ought always to be avoided.

PREMATURE REMOVALS.—As usual, the premature removal of several patients—by which is to be understood their removal before their entire recovery, or before sufficient time has been given for a fair trial of reme-

dies—makes the results of treatment as reported in the following tables, somewhat different from what they otherwise would have been. Some who did not, undoubtedly would have recovered, if their friends had been aware of the chronic character of many cases of insanity, and of the importance not only of prompt treatment, but also of a steady persistence in the use of remedies, after they have been confided to the care of an institution; while others, reported as “improved” when discharged, were so fortunate as to have the improved action, which had commenced at the hospital, go on after leaving it, till it resulted in the perfect restoration of the patient. It is gratifying, however, to be able to report, as an evidence of an improved state of public opinion on this subject, that every year we have a smaller number of sufferers from this cause.

STATISTICAL TABLES.—The statistical tables of this report have been made up with care, and are as full and accurate as the materials at my command would permit. They embrace all the cases admitted into the hospital since its opening here, on the first day of the year 1841.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	2531	2245	4776
Discharges	2383	2097	4480
Remain	148	148	296

From this table it will be seen that since the opening of “the Pennsylvania Hospital for the Insane,” twenty-six years ago, four thousand seven hundred and seventy-

six patients have been admitted, and four thousand four hundred and eighty have been discharged or died, and that of those under care, two hundred and eighty-six more were men than women, or an average of a little over ten for every year. The probable reason for this difference is, not that there is an excess of the male population, nor that insanity is more frequent among men than women, but rather because there is a greater willingness in families to take care of a female than a male relative at home, and that it is often more practicable to do so. Notwithstanding this general excess of men in the aggregate of every year, still the number of the two sexes are often exactly alike, and at some period or other of a whole year, the number of females under care is generally found to preponderate. During the year just closed, it will be observed that the number of males admitted was 110, and of females 112, the number of men discharged was exactly the same as of women, 115 of each. The number of the two sexes under care in 1866 was exactly alike, 263 of each, making an aggregate of 526, and the number remaining in the institution of each sex is precisely the same, 148; making a total of 296.

TABLE II.—*Showing the ages of 4,476 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	172	138	310
Between 10 and 15	6	13	19	“ 55 and 60	102	89	191
“ 15 and 20	136	144	280	“ 60 and 65	95	75	170
“ 20 and 25	379	322	701	“ 65 and 70	32	51	83
“ 25 and 30	391	360	751	“ 70 and 75	32	34	66
“ 30 and 35	316	284	600	“ 75 and 80	18	12	30
“ 35 and 40	347	272	619	“ 80 and 85	3	3	6
“ 40 and 45	255	253	508	“ 85 and 90	—	—	—
“ 45 and 50	245	191	436	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 2,531 male patients.*

Farmers	337	Author	1
Merchants	240	Tanners	6
Clerks	201	Artists	19
Physicians	50	Hairdressers	2
Lawyers	49	Police Officers	8
Clergymen	28	Machinists	43
Masons	21	Plane-maker	1
Umbrella-makers	3	Iron-masters	2
Printers	27	Weavers	28
Teachers	38	Bricklayers	11
Officers of the Army	10	Brickmakers	4
“ “ Navy	15	Sail-makers	5
Students	53	Coopers	3
“ of Medicine	15	Jewellers	14
“ of Law	6	Potter	1
“ of Divinity	8	Chair & Cabinet makers	24
Saddlers	13	Blacksmiths	30
Peddlers	14	Watchmakers	6
Tobacconists	21	Hotel Keepers	31
Carpenters	85	Second-hand dealers	3
Bakers	14	Cap Manufacturer	1
Seamen and Watermen	54	Locksmiths	3
Planters	29	Millers	15
Manufacturers	51	Glassblowers	2
Coachmen	5	Wheelwrights	6
Druggists	25	Gardeners	9
Laborers	192	Chemists	4
Engineers	16	Print Cutters	2
Plasterers	14	Curriers	2
Bank Officer	1	Tailors	39
Conveyancers	5	Shoemakers	82
Bookbinders	8	Brokers	7
Hatters	8	Waiter	1
Rope-makers	3	Stove-makers	3
Tinmen	19	Dentists	2
Painters	22	Victuallers	12
Brush-maker	1	Soldiers U. S. A. . . .	16
Paper-hangers	2	Brewers	2
Boat-builder	1	Coach-trimmers	2
Carver	1	Auctioneers	2
Confectioners	13	Plumbers	2
Coach-makers	5	Type Founders	2
Public Officers	2	Telegraph Operators	2
Shipwrights	2	Whip-maker	1
Collector	1	Silversmith	1
Nurses	2	Photographer	1
Soap-maker	1	Wire-worker	1
Contractor	1	No occupation	335

TABLE IV.—Showing the occupation of 2,245 female patients.

Seamstresses, or Mantua-makers	225	Wives of Plasterers	3
Storekeepers	25	“ Engineers	9
Attendants in stores	13	“ Artists	10
Cigar-makers	3	“ Bricklayers	2
Teachers	56	“ Paper-maker	1
Domestics	244	“ Collectors	3
Nurses	15	“ Brickmakers	3
Artists	3	“ Seamen	12
Factory Girls	5	“ Merchants	142
Physician	1	“ Physicians	12
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Lawyers and Judges . . .	28
<i>Daughters of Farmers</i> . . .	112	“ Shoemakers	27
“ Merchants	126	“ Hatters	5
“ Masons	3	“ Cabinet-makers	14
“ Bank Officers	5	“ Laborers	131
“ Weavers	5	“ Grocers	6
“ Laborers	18	“ Clergymen	18
“ Sea Captains	4	“ Tobacconists	4
“ Auctioneer	1	“ Weavers	11
“ Innkeepers	3	“ Sea Captains	2
“ Teachers	10	“ Victuallers	8
“ Carpenters	10	“ Brush-makers	2
“ Paper-makers	2	“ Tailors	18
“ Physicians	11	“ Millers	6
“ Planters	20	“ Police Officers	6
“ Watchmaker	1	“ Carpenters	25
“ Curriers	3	“ Druggists	13
“ Clerks	25	“ Planters	10
“ Engineer	1	“ Peddlers	4
“ Clergymen	14	“ Manufacturers	38
“ Miller	1	“ Broker	1
“ Public Officers	15	“ Tanners	10
“ Officer of Army	1	“ Officers of the Army . . .	8
“ “ Navy	1	“ “ Navy	1
“ Lawyers	13	“ Plumbers	3
“ Machinists	5	“ Blacksmiths	9
“ Bricklayers	2	“ Bakers	4
“ Chair-maker	1	“ Confectioners	2
“ Manufacturers	8	“ Hair-dresser	1
“ Tailors	4	“ Contractors	3
“ Waterman	1	“ Dentists	3
“ Bakers	4	“ Watchmakers	2
“ Printers	4	Of the <i>Widows</i> similarly situated, were—	
“ Shoemakers	3	<i>Widows of Merchants</i> . . .	44
“ Druggist	1	“ Physicians	10
“ Artists	3	“ Public Officers	11
“ Brickmaker	1	“ Sea Captains	5
“ Blacksmiths	2	“ Hotel Keepers	4
“ Dentist	1	“ Shoemakers	18
Of the <i>Married</i> similarly situated, were—		“ Clergymen	3
<i>Wives of Clerks</i>	59	“ Farmers	49
“ Teachers	11	“ Coopers	3
“ Farmers	192	“ Laborers	27
“ Brass Founders	4	“ Manufacturers	13
“ Gardeners	5	“ Lawyers	4
“ Saddlers	4	“ Carpenters	5
“ Printers	5	“ Clerks	12
“ Machinists	26	“ Tanner	1
“ Masons	2	“ Teachers	2
“ Painters	2	“ Planters	6
“ Stage Owners	2	“ Bricklayers	2
“ Cutler	1	“ Painters	2
“ Bank Officers	6	“ Seamen	7
“ Innkeepers	26	“ Engravers	2
“ Book-binders	3	“ Engineers	4
“ Tinman	1	“ Machinists	3
“ Editors	3	“ Mason	1
		“ Printer	1
		“ Blacksmith	1

There are many interesting facts developed in the preceding tables. They show very clearly that insanity is a disease from which no age or calling can claim exemption, although the greater relative number in some over others is often not readily explained, and a discussion of the causes of which, it is not proposed to enter upon on the present occasion. There is, however, one branch of these tables to which I would call attention, simply because it is so frequently alluded to, that such wrong inferences have been so often drawn from the supposed facts, and then, such ingenious theories have been propounded to account for what was deemed an unexpected discovery. Reference is here made to the large number of farmers, farmers' wives, and farmers' daughters that have been received into this institution. Forgetting, what a reference to the census returns would at once show, that the relative number of persons engaged in agricultural pursuits in the district of country from which our patients are mostly received, is really much larger than of any other class, it is immediately assumed on reading this table, that agriculture is not a healthy occupation, nor calculated to secure mental integrity, while the facts justify exactly the opposite conclusion. Our facts will show that, relatively to numbers, there is less insanity among farmers than among those engaged in other pursuits, and fully accord with what would naturally be expected, that agriculture is, of all occupations, one of the most healthful, and that no one is better calculated for persons predisposed to certain forms of nervous affections. That so many of the particular class referred to are still affected with insanity, only shows, what we well know, that agricultural pursuits, with all their healthful tendencies, are not sufficient to counter-

balance other causes, moral and physical, to which those living in the country are exposed in common with the inhabitants of cities, and with those whose pursuits are of a totally different character.

TABLE V.—*Showing the number of single, married, widows, and widowers in 4,776 patients.*

	Males.	Females.	Total.
Single	1285	932	2217
Married	1133	1024	2157
Widows	—	289	289
Widowers	113	—	113

TABLE VI.—*Showing the nativity of 4,776 patients.*

Natives of Pennsylvania	2581	Natives of England	214
“ New Jersey	234	“ Scotland	32
“ Delaware	105	“ Ireland	614
“ Maryland	132	“ Germany	258
“ Virginia	69	“ Poland	8
“ North Carolina	41	“ Prussia	9
“ South Carolina	44	“ Switzerland	5
“ Georgia	22	“ Bermuda, W. I.	2
“ Alabama	14	“ Jamaica, “	1
“ Tennessee	13	“ St. Domingo, “	4
“ Indiana	5	“ Barbadoes, “	4
“ Kentucky	19	“ Cuba, “	5
“ D. of Columbia	13	“ Guadaloupe, “	1
“ Maine	9	“ Martinique, “	1
“ Massachusetts	47	“ St. Croix, “	1
“ Connecticut	30	“ St. Thomas	1
“ Missouri	6	“ Isl. of Madeira	1
“ Ohio	20	“ Isle of Man	1
“ New Hampshire	7	“ Spain	1
“ Louisiana	16	“ Italy	1
“ Rhode Island	8	“ Denmark	2
“ New York	121	“ Holland	1
“ Mississippi	7	“ Austria	4
“ Vermont	3	“ Bavaria	2
“ West Virginia	2	“ Venezuela, S. A.	1
“ Michigan	1	“ Norway	1
“ Nova Scotia	2	“ Costa Rica	1
“ Canada	14	Born at Sea	1
“ France	14		

TABLE VII.—*Showing the residence of 4,776 patients.*

Residents of Pennsylvania	4015	Residents of Iowa	5
“ New Jersey	150	“ Connecticut	6
“ Delaware	82	“ Maine	3
“ Maryland	97	“ Rhode Island	4
“ Virginia	51	“ New York	74
“ West Virginia	3	“ Florida	1
“ D. of Columbia	21	“ Wisconsin	1
“ North Carolina	38	“ California	3
“ South Carolina	31	“ Oregon	1
“ Georgia	23	“ Minnesota	1
“ Alabama	16	“ Kansas	1
“ Louisiana	27	“ Jamaica, W. I.	1
“ Tennessee	8	“ Barbadoes, “	4
“ Kentucky	14	“ Cuba, “	7
“ Arkansas	3	“ St. Croix, “	1
“ Mississippi	7	“ St. Thomas “	1
“ Vermont	2	“ Isl. of Madeira	1
“ Texas	4	“ Germany	2
“ Illinois	6	“ Venezuela, S. A.	2
“ Michigan	1	“ England	1
“ Ohio	21	“ Norway	1
“ Indiana	12	“ Costa Rica	1
“ Missouri	12	“ Mexico	1
“ Massachusetts	9		

Tables VI. and VII. show that, while this is really a Pennsylvania institution—no less than 4,015 of its patients being residents of our commonwealth, while only 761 were living elsewhere—the place of birth of our own people is exceedingly varied, nearly one-half of those who were our own citizens having their place of nativity in other parts of the world. The 761 patients received, who did not belong to Pennsylvania, are recorded as coming from thirty-four of the other States of the Union, from six of the West India Islands, from South America, Mexico, etc.

TABLE VIII.—*Showing the supposed causes of insanity in 4,776 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	442	397	839	Want of employment	37	—	37
Intemperance	310	24	334	Mortified pride	2	1	3
Loss of property	120	38	158	Celibacy	1	—	1
Dread of poverty	3	2	5	Anxiety for wealth	2	—	2
Disappointed affections	28	42	70	Use of opium	7	10	17
Intense study	35	10	45	Use of tobacco	6	—	6
Domestic difficulties	33	63	96	Use of quack medicines	2	1	3
Fright	13	23	36	Puerperal state	—	183	183
Grief, loss of friends, &c.	64	185	249	Lactation too long continued	—	9	9
Intense application to business	32	4	36	Uncontrolled passion	5	7	12
Religious excitement	68	82	150	Tight lacing	—	1	1
Political excitement	12	—	12	Injuries of the head	52	6	58
Metaphysical speculations	1	—	1	Masturbation	66	—	66
Want of exercise	6	2	8	Mental anxiety	129	176	305
Engagement in a duel	1	—	1	Exposure to cold	3	1	4
Disappointed expectations	6	11	17	Exposure to direct rays of the sun	42	2	44
Nostalgia	—	6	6	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	5	—	5
				Unascertained	995	958	1953

No table possesses greater interest than that which gives the supposed causes of insanity, for without some knowledge of the agencies which induce its development, little progress is likely to be made in one of the most important of the labors of the psychologist—the discovery of the most efficient means of preventing its occurrence. Every one who has attempted to tabulate these supposed causes, is familiar with the difficulties that meet him on the very threshold of his inquiries. There is often a want of frankness on the part of the friends of patients in regard to the previous history of their cases, or those most competent to give the desired information have not accompanied them to the institution, or there is evidently such a variety of

causes contributing to the final result, that it is not easy to say under which heads the particular cases can be most appropriately placed. It is rarely safe to trust to the causes assigned by the friends of the sick. It is only by a patient and careful investigation of the whole history of a case, that accuracy is likely to be attained. The "supposed causes" in our table, of course will be understood to refer to the exciting rather than the predisposing, and when several seem to have had an agency in the production of the insanity, the most prominent has been selected. The large number reported as "unascertained" is sufficient evidence of the difficulty of the investigation and of the unreliability of much of the information with which we are furnished on the admission of patients. There is one cause, however, about the prominent influence of which there can be little question, that of ill health, and yet without other agencies, not in themselves sufficient to develop the disease, the ill health might not have produced any such result. Wherever so recorded, the ill health manifestly was the most efficient agent—without it, there would probably have been no insanity. The practical deduction from this is, that all who are predisposed to mental affections should be especially careful of their general health, should so live as to secure the highest physical condition, and should religiously avoid whatever might tend to lower their healthy standard.

INTEMPERANCE is recorded as inducing insanity in three hundred and thirty-four cases. I am fully satisfied that this is far below the real truth. It gives merely the number in which there could be no reasonable doubt of this being the active agent in the production of insanity in the cases under notice. It tells,

however, nothing of the various causes, to which many other cases are attributed, but which may have been really the result of the intemperance of others, if not of the individuals themselves. Much of the ill health, the loss of property, domestic difficulties, disappointed expectations, and mental anxiety, in not a few instances, were the consequences of intemperance on the part of parents, husbands, or other members of families, and without which the disease would not have been developed. Three hundred and ten males, and twenty-four females are reported as having their insanity caused by intemperance. That intemperance is steadily on the increase in both sexes and with all classes of people there can hardly be a question. It is indeed rapidly becoming the great vice of our age and country, giving to the criminal courts the largest share of their business, filling up the wards of our hospitals and other charitable institutions, crowding our almshouses, and blighting the fairest hopes and brightest anticipations of whole families in every walk of life. In its immediate and secondary results it assumes an importance that can hardly be over-estimated. Without wishing in the slightest degree to discourage any efforts for the cure of this terrible vice, I may be allowed to say that the field for philanthropic labor that will yield the best fruits, and which is worthy of the efforts of all who love their fellow-men, will be found in earnest and persistent efforts for its prevention, especially among the young, and those whose habits are not yet so fully formed but that reason may be appealed to for their preservation. If it may be called a disease, intemperance is really a most intractable one. It is infinitely more difficult to manage than insanity,

and although the latter has often (incorrectly perhaps) been called the greatest of human afflictions, intemperance is not a less serious one. The curability of insanity, when promptly and properly treated, is more than 80 per cent., while every one knows that cases of intemperance would present a much less favorable record—and as regards relapses, while in insanity they are only occasional, with the intemperate they are of extremely common occurrence. The frequency with which, of late years, advice is asked in regard to inebriates, the many applications for their admission into hospitals for the insane, and numerous facts known only in professional confidence, are the grounds for the remarks which have just been made and for suggestions as to one or two of the causes to which those who come here most frequently attribute their troubles. Of these, the general practice of social drinking, especially with the young,—often commenced at a very early age, and not very unfrequently, it is to be feared, even in the mansions of those who would be shocked with the suggestion that they were contributing to the ruin of any one,—the influence of the example of their elders, and a bringing-up which has not given the moral courage to refuse what is so common, are unquestionably the most prominent; and next to these, beyond a doubt, is the familiar use of stimulants as a remedy for nervous feelings. Among females, I fear that much of an increase that can hardly be questioned, is clearly attributable to this latter cause. I would not wish to be considered as underrating the value of stimulants in many cases of disease, and in many conditions of life, but to be most efficient in these, it is necessary that their use should not already have become habitual. Stimulants that are given to

nervous patients should come from the apothecary ; like other medicines, they should be combined with ingredients that would somewhat disguise their true character, and they should be taken in measured quantities and at fixed times, as other liquid medicines are commonly given. It may not be necessary to have the bottles from which they are taken, labelled "Poison," but it should be very clearly understood that the contents are of a character that can be used safely only under the direction of the physician, who should himself feel all the great responsibility he assumes, in their frequent prescription.

Although so many more men are recorded as the subjects of this vice, woman seems really to be the greatest sufferer from the prevalence of intemperance in any community. Such certainly is the result of our experience here. No household can be what it should be, when a single member of it is the victim of this vice, whose dark shadow is ever over all that would otherwise make life attractive and home happy. As woman suffers most, so, if rightly exercised, might her influence do most to banish the evil from amongst men, especially in the higher walks of life. If the daughters as well as the mothers of the land would on all occasions express in unmistakable terms their detestation of what may have been called the indiscretion of their acquaintances, should show that intemperance is a complete bar to all confidence, and frown sternly on such of the habits of society, which, a little reflection would teach them, must sooner or later be destructive to the prospects and happiness of some one in whom they are interested, and, perhaps, of their own, more deeply than they would be willing to acknowledge—there can hardly be a doubt

but that the result would soon show that they are capable of wielding an influence in this direction, more potent than all the sermons or lectures which good men have ever delivered.

Loss of property has caused insanity in more men than women, in the proportion of one hundred and twenty to thirty-eight,—while disappointed affections have disturbed the reason of forty-two females to twenty-eight males. In the earlier years of the hospital the numbers of the two sexes suffering from this cause were for a considerable time just about the same.

The disease is ascribed to intense study in more than three times as many men as women—thirty-five to ten—from which may be inferred either that hard study is less injurious to the latter, or else that they are not so much addicted to it. Domestic difficulties, as might be expected, show their effects in nearly twice as many women as men—sixty-three to thirty-three. The happiness of woman depends so much on her home, and she has so much fewer resources outside of it than man has, that it is not wonderful when “difficulties” come there, she is the first to feel their effects. Grief, the loss of friends, &c., as placed in the table, are really very prolific causes of mental disorder, and affect women much more frequently than men,—in the proportion of one hundred and eighty-five to sixty-four. It is to be remembered that in a large number of these, the event that seemed to develop the disease came after much prostration of the general health, long watching, great fatigue, extreme mental anxiety, loss of sleep, and other influences of a depressing character. Intense application to business is assigned as an exciting cause in the cases of four women and of thirty-two men.

Religious excitement, although frequently an effect, is still sufficiently often a cause to be worthy of attention. The danger of mistaking the disease, really insanity, for a healthful religious exercise, is a serious one for all concerned, and from which error, in fact, much mischief often results when the case comes under the control of well-meaning but indiscreet persons. There are eighty-two cases of men and one hundred and fifty of women attributable to this cause. I have reason to believe that the number of cases attributed to the use of opium—seven men and ten women—has been under-estimated. The increase of this habit has been gradually going on with the general increase of intemperance, and it is often adopted as a substitute for alcoholic stimulants, but with no less deleterious effects. Six cases were clearly attributable to the use of tobacco. The pernicious effects of the use of tobacco are much greater than is generally supposed. In certain temperaments it produces symptoms of an alarming character, and not unfrequently is the cause of obscure and obstinate ailments, connected especially with the gastric and nervous systems. This has often been seen here very strikingly, when patients after being without a supply for a long time have again commenced its use. Even the most obtuse of those about the patients could not fail in many cases to observe its effects. The use of tobacco and the use of alcoholic stimulants seem to have at least one somewhat similar effect on those who have long been addicted to them, and that is an inability to perceive any injurious consequences in their own cases, however obvious they may be to most others. The effects of tobacco on most of the inmates of a hospital for the insane are such that, on hygienic grounds, even if there were no others, its use

should be entirely interdicted in all such institutions. I have never seen the slightest injury result from the immediate and total breaking off of the habit of using tobacco, and the experience of this hospital is a large one in this particular.

The puerperal state has sent one hundred and eighty-three cases to this hospital. As a class, they appeal to our sympathies more strongly than any other, generally require the most careful attention, but although often tedious, recover in a large proportion of instances.

Injuries of the head very naturally occur more frequently with males than females, and, as a result, we have fifty-two men and only six women from this cause. Mental anxiety embraces cases of a very varied character, but the title sufficiently explains what is intended by that heading. The number of the sexes to whom this cause is assigned is one hundred and twenty-nine men and one hundred and seventy-six women. Masturbation has been known to induce insanity in sixty-six cases. This, certainly, is not beyond the truth, but there is good reason to suppose that in many statements that have been made on this subject the effect has been mistaken for the cause. As many as forty-two men have been made insane by exposure to the direct rays of the sun, and only two women. The last item of the table, the statement that in the cases of nine hundred and ninety-five men and nine hundred and fifty-eight women, no satisfactory causes could be assigned, shows that much obscurity still exists in regard to the origin of this serious malady, and how wide a field there still is for its patient and scientific investigation.

TABLE IX.—*Showing the ages at which insanity first appeared in 4,776 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	10	4	14	Between 45 and 50	185	150	335
Between 10 and 15	37	42	79	“ 50 and 55	104	102	206
“ 15 and 20	243	247	490	“ 55 and 60	76	83	159
“ 20 and 25	473	404	877	“ 60 and 65	60	43	103
“ 25 and 30	428	402	830	“ 65 and 70	21	11	32
“ 30 and 35	305	287	592	“ 70 and 75	15	8	23
“ 35 and 40	327	232	559	“ 75 and 80	10	3	13
“ 40 and 45	236	224	460	“ 80 and 85	1	3	4

The number of cases of insanity occurring under ten years of age is small, but fourteen such having been received here in twenty-six years. The youngest patient ever under care here was six years old, and recovered. Insanity is sometimes developed at a still more tender age; but none such have been here as patients of the institution. Between ten and fifteen the number has increased to seventy-nine, and between fifteen and twenty to four hundred and ninety. Between twenty and thirty, however, is the age at which insanity is most commonly manifested, no less than eight hundred and seventy-seven of those admitted here have had the disease developed between twenty and twenty-five, and eight hundred and thirty between twenty-five and thirty. From this point the numbers gradually diminish from five hundred and ninety-two between thirty and thirty-five, to one hundred and fifty-nine between fifty-five and sixty; and in four the disease was first noticed at the advanced age of more than eighty.

In referring to statements like these, however, it must always be borne in mind that they do not exactly represent the relative proportion of cases, at the different periods of life, but only the actual relative number, re-

ceived into this institution. A reference to the census tables is necessary to give a perfectly accurate idea of the development of insanity in the different periods of life, as it is, to get correct notions of many other facts in connection with the statistics of insanity, and without which the inferences likely to be drawn from all such tables are very liable to be erroneous.

TABLE X.—*Showing the forms of disease, for which 4,776 patients were admitted.*

	Males.	Females.	Total.
Mania	1133	1056	2189
Melancholia	574	724	1298
Monomania	374	280	654
Dementia	439	180	619
Delirium	11	5	16

TABLE XI.—*Showing the duration of the disease at the time of admission in 4,776 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . .	1314	1264	2578
Between 3 and 6 months . .	173	155	328
“ 6 months and 1 year . .	309	253	562
“ 1 and 2 years	310	217	527
“ 2 and 3 “	130	93	223
“ 3 and 4 “	72	57	129
“ 4 and 5 “	49	37	86
“ 5 and 10 “	86	83	169
“ 10 and 15 “	42	33	75
“ 15 and 20 “	18	25	43
“ 20 and 25 “	10	13	23
“ 25 and 30 “	8	9	17
“ 30 and 35 “	3	3	6
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 4,776 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	1806	1581	3387	9th paroxysm	5	4	9
Second "	405	400	805	10th 2 m. 6 f., 11th 2 m. 4 f.	4	10	14
Third "	127	139	266	12th 2 m. 3 f., 13th 1 m. 2 f.	3	5	8
Fourth "	70	55	125	14th 1 m. 2 f., 15th 1 m. .	2	2	4
Fifth "	32	22	54	16th 1 m., 17th 2 m. . . .	3	—	3
Sixth "	47	10	57	18th 4 m., 19th 2 m. . . .	6	—	6
Seventh "	12	5	17	20th & 21st each 1 m. & 1 f.	2	2	4
Eighth "	6	8	14	22d 1 m., and to 26th each 1 f.	1	5	6
				27th 2 f., 29th 1 f. . . .	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 4,480 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1185	1127	2312	1316	650	294	51	1
Much improved . . .	167	219	386	169	134	61	22	—
Improved	378	341	719	263	204	115	137	—
Stationary	329	184	513	169	119	76	148	1
Died	324	226	550	237	113	30	156	14

TABLE XIV.—*Showing the number of admissions, discharges, cures and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	371	388	174	55
2d "	373	246	129	41
3d "	434	359	192	42
4th "	461	343	163	50
5th "	462	409	202	55
6th "	465	396	197	37
7th "	370	432	218	49
8th "	379	421	226	54
9th "	378	359	200	50
10th "	391	382	207	37
11th "	356	374	195	39
12th "	336	371	209	41

GARDENS AND PLEASURE GROUNDS.—No hospital can be complete in its arrangements, and offer the greatest facilities for treatment, or even for promoting the comfort of its patients, unless it has ample space for gardens and pleasure grounds. This is true, no matter what may be the character of the institution. The gardens should be so large as to furnish all the ordinary vegetables required, and to give abundant opportunities for labor to those who have been accustomed to such a form of occupation, or to whom it is likely to prove beneficial. The pleasure grounds should be so extensive as to do away with the appearance of restraint, and to furnish dry walks of such extent and variety as to be attractive to all classes, there being but a very small percentage of the residents of a hospital for the insane incapable of using them with great advantage at all seasons of the year. The provision of our greatly extended dry walks, for which, as you are aware, we are mainly indebted to the benevolent liberality and wise foresight of one of your own number, has contributed most essentially to the value of our pleasure grounds, and has made out-door exercise profitably practicable every day in the year when it is not actually storming; while the use of the carriage roads, especially at the Department for Females, has every year been constantly extended as the means at our command have increased. Nothing contributes more essentially, not only to the restoration of the curable but to the good condition of all other classes, and to the comfort and tranquillity of the wards, than regular exercise in the open air during a considerable portion of every day.

WORKSHOPS AND MECHANICAL DEPARTMENT.—No change has been made in this department during the

past year. Facilities are offered to those who are fond of such pursuits, and when an interest is felt in the work in hand, great benefit has often been manifested. For a certain class of patients this form of occupation is more valuable than all others combined, and although the number is relatively small, still it is important that they should be fully supplied with everything that can be used with safety. The workshops are not to be regarded as a source of pecuniary profit, but as one of the hygienic resources that cannot be dispensed with in any well-regulated institution for the insane.

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—The importance of evening entertainments, as now conducted here, can hardly be overestimated. The long experience we have had has only tended to confirm this conviction, and each year we have been able to add something that tended to increase their attractiveness and efficiency. For the first time, I am able to report that at the Department for Females, every evening in the week is now provided with some means of breaking up the monotony of the wards formerly so universal in institutions for the insane. It is not many years since the listless condition of the patients in their badly lighted halls, without any means of passing the dreary hours that came upon them every day between their evening meal and bedtime, was certainly one of the saddest sights witnessed in too many of these establishments. In this hospital, of the seven evenings of the week, for nine months of the year, one is now devoted to reading of the Bible and sacred music, three to lectures, exhibitions of dissolving views with music, or concerts, in the

lecture room, two to light gymnastic exercises with music in the new hall put up expressly for that purpose, and one to tea parties in the resident officers' apartments, and at which all the officers are generally present. These last are composed of as many patients as the dining-room will accommodate, and the Matron's weekly parties have now become one of the regular means of passing our evenings. Care is taken, as far as possible, to invite those who will be most likely to enjoy each other's society, and it has been found that there was no ward that was not able to take its turn in these pleasant reunions. Even of those from the most excited wards and of the most chronic class of patients there have been few that were not able to participate, and the enjoyment of those for whom this provision was made, has very rarely, if ever, been diminished by any unpleasant occurrence. At the Department for Males, the evenings devoted to gymnastic exercises and to tea parties as just referred to, are more generally used for the games of various kinds, for which ample provision is made in all the wards, in the new billiard-room, and in the two comfortable bowling alleys. Nothing but the most extraordinary circumstance is ever allowed to interfere with the regular entertainments that are thus provided for the benefit of the patients, and only a small amount of tact is required to furnish a substitute, when from any cause the regular programme cannot be carried out.

The twenty-first annual course of evening entertainments in the lecture-rooms, as usual, was of nine months' duration, three evenings of every week at each building being devoted to this particular branch of our amusements. The twenty-second course is now in progress, and, like the last, is under the special charge of Dr.

Jones, at the Department for Males, and of Dr. Lee, at the Department for Females, and, I trust, will be made at least equal in every respect to any that have preceded it.

The LIGHT GYMNASTICS have been continued at the Department for Females regularly during the entire year. The interest in these exercises is undiminished, and their value as a means of physical treatment for the members of the class, and of amusement to those who are merely spectators, is unquestionable. They have now been continued more than three years, and, as stated in my last report, are regarded as an important and prominent part of our hygienic resources. The total number who have been members of the class is one hundred and twenty-two, and the average number exercising is between twenty and thirty. The most intelligent and cultivated of our household have, as heretofore, shown the highest appreciation of their value, and the interest manifested by these, by the leader of the class and many of the attendants has added greatly to the marked success which has attended the introduction of this form of exercise into this institution. The beautiful hall, which was erected specially for the accommodation of the Gymnastic Class, and which, from its comfortable and convenient arrangements, has done much to secure the results just recorded, has also been frequently used for musical entertainments, for which it is admirably suited, and for the patients' parties on Christmas Eve and many other occasions.

MUSEUMS AND READING-ROOMS.—Each department of the hospital has two comfortable museums and reading-

rooms for the use of the patients. At the Department for Males they are in the building, easily accessible from the wards or from the grounds; and at the Department for Females, they are detached structures erected specially for the purpose. They are always kept comfortably warmed, and, besides furnishing a pleasant place of resort for those who are out walking, give ample accommodations for the varied objects of interest with which the kindness of our friends from time to time has furnished us. Contributions for either of the museums or for the reading-rooms are always most acceptable, and we have little fear of receiving more than we can provide for and use advantageously.

IMPROVEMENTS.—The state of our finances during the past year has prevented our undertaking any extended improvements. What has been done about the hospital buildings has been mainly in connection with the opening of additional wards, rendered necessary by the gradual increase of the number of our patients. Much of what has been done has been paid for from the “Waln Fund,” which, as heretofore, has been specially beneficial as coming to us at a time when our resources, for obvious reasons, have been even more restricted than usual. The only unoccupied ward in the Department for Females is now partially furnished, and will probably be opened for use in the early spring. At one time during the past year there was room for but thirty more patients at the department just referred to, and, at our usual rate of increase, all these apartments will soon be occupied. In view of this, the early erection of the infirmary wards, to which I have already called your attention, becomes highly important. They

will accommodate about twenty patients, be for the use of one of the most interesting classes we receive, generally recent, excited, or very sick, who require the strictest attention and accommodations somewhat different from those of the ordinary wards. I cannot but hope that some of our benevolent citizens, perhaps a single one, will be willing to identify his name with this special work, which is really one of great importance, and which will add most essentially to the welfare of the afflicted in all future time. Much additional furnishing will be necessary, within a short time, at the Department for Males, as the unoccupied wards there will be required by the increased number of patients.

RECEIPTS AND EXPENDITURES.—The following statements of the receipts and expenditures at each department during the year 1866, have been prepared at my request by the stewards of the institution.

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds	.	.	\$18,407	30
Household expenses	.	.	29,591	04
Furniture	.	.	3,676	98
Lights	.	.	1,590	37
Fuel	.	.	9,137	04
Garden, grounds, live stock, and carriages			1,546	11
Grain and feed for stock	.	.	941	59
Repairs and improvements	.	.	1,810	91
Medicines	.	.	1,065	19
Amusement of patients	.	.	263	95
Stationery and printing	.	.	510	56
Library	.	.	31	36
Miscellaneous	.	.	503	65
Total expenditures	.	.	\$69,076	05

Net receipts	\$65,032 26
Average number of patients	152 $\frac{1}{2}$ $\frac{6}{6}$
“ “ of free patients	10 $\frac{3}{5}$ $\frac{4}{2}$
“ cost per week of each patient	\$8 73 $\frac{3}{4}$
Amount expended in 1866 on free patients	\$4,840 57

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds	\$15,553 40
Household expenses	32,830 23
Furniture	2,247 22
Lights	1,736 02
Fuel	10,029 39
Garden, grounds, live stock, and carriages	1,939 87
Grain and feed for stock	1,819 84
Repairs and improvements	3,825 52
Medicines	748 81
Amusement of patients	191 53
Stationery and printing	526 14
Library	138 70
Miscellaneous	529 32
Total expenditures	<u>\$72,115 99</u>
Net receipts	64,736 51
Average number of patients	157 $\frac{4}{5}$ $\frac{9}{3}$
“ “ of free patients	15 $\frac{1}{5}$ $\frac{5}{3}$
cost per week of each patient	\$8 62
Amount expended in 1866 on free patients	\$6,978 96

These statements show that the cost of keeping up the hospital during the past year has not diminished, the deficiency being considerably more than the slight amount received from the very moderate increase made in the rate of board paid by many of the patients. A

considerable amount of the suspended indebtedness to the institution during the war is still unpaid; but most of this, I have reason to believe, will ultimately be received. The deficiency that will ultimately exist must depend almost entirely upon the amount we shall receive from this source before the close of the financial year. It is proper to state that of the amount paid for coal at the Department for Females, \$5,000 was on account of what was purchased during the previous year. The total deficiency at both departments, including this sum, amounts to \$11,423 27. The total amount expended on free patients in 1866 amounts to \$11,719 53, or nearly \$300 more than the entire deficiency.

ACKNOWLEDGMENTS.—As in every previous year, I have the satisfaction to present our acknowledgments to the various friends who have kindly remembered the institution, and contributed to the gratification of its inmates. To John B. Budd we are indebted for \$50, for the amusement fund; to Madame Hardy for \$50, for the benefit of the patients; to H. Kellogg & Sons, for \$100, for the amusement fund; to J. G. Angier for \$5, for the like purpose; to Mr. Pyne for \$5; Mrs. Budd, \$10; W. Tasker, \$2; Mr. Marks, \$5; Dr. Burr, \$1; a total of \$23 collected by R. Quinn, for a special purpose; to Benjamin H. Shoemaker for glass for the frames of all the pictures presented to us this year valued at \$100; to Wm. Biddle for a lot of books and pamphlets; to Robert C. Clark for a large number of books for the ward libraries; to Mr. Pelman for a liberal deduction from his bill for picture frames; to the “Old Folks” for a fine concert in Gymnastic Hall; to George W. Childs for a large assortment of exchange papers and books

for the library ; to James W. Queen for curiosities for the museum ; to Dr. Thomas George Morton for a plaster figure, optical models, and various periodicals ; to Francis Pearsall for a large lot of books and pamphlets and for a photographic tent ; to the Smithsonian Institution for a variety of shells ; to Dr. Francis W. Lewis for a large assortment of books and periodicals ; to "a friend" for refreshments and music for patients ; to Beck's band for two fine concerts ; to Thomas S. Dixon & Sons for a deduction of \$13 30 in bill of repairs ; to Mrs. A. W. Ball for \$10 ; to A. D. Cash for twelve volumes of bound books ; to James J. Barclay for a lot of engravings ; to J. F. Eppelsheimer for \$32 72 worth of belting ; to David Moore & Son for a deduction of \$20 75 in bill ; to Miss Fannie Purves for a compound microscope and one dozen single ones ; to Samuel Sloan for architectural services ; to Signor Blitz for one of his amusing entertainments ; to Dr. I. P. Trimble for two lectures ; to Mrs. Behrens and friends for two concerts ; to Miss Wilhelm and friends for a concert ; to Miss Purves and friends for two concerts ; to Mrs. Nevins and friends for a concert ; to Mrs. Childs and friends for a concert ; to Miss Stone for readings to the patients and for mottoes for a ward ; to Mrs. Morris and Mrs. Crozer for aid in providing musical entertainments ; to Miss Trimble for a reading to the patients ; to Mrs. Nassau and friends for a concert ; to William H. Maurice for several readings to the patients ; to Thomas Fitzgerald for two copies of the "City Item," and to James W. Queen & Co., and McAllister & Co. for their interest and aid in increasing the efficiency of our evening entertainments.

The "Waln Fund," as heretofore, has been of great

use to us during the past year, in providing many things that, desirable as they were, must, without it, have been dispensed with. With the expression of our sense of renewed obligations to the generous donor, we have to regret that the fund is so nearly exhausted, but venture at the same time to hope that equal generosity of feeling and wise foresight will lead some other friend to imitate so good an example.

Of those associated with me at the date of the last report, Dr. S. Preston Jones continues to have the immediate care of the Department for Males, while Dr. J. Edwards Lee remains as assistant physician at the Department for Females. Dr. Beidler is still second assistant at the Department for Males. During the past year John and Margaret Wistar resigned their places as steward and matron at the Department for Females. Their situations have been filled by the election of Jonathan Richards as steward and Jane Mitchell as matron. The place of steward at the Department for Males, vacated by the transfer of Jonathan Richards, was filled by the appointment of Joshua P. Edge, Harriet P. Smith remaining as matron. To all who have been connected with me officially, and to all whose duties have in any way brought them in contact with the patients, I would again express my obligations for all they have done to promote the prosperity of the Institution, and the comfort and happiness of its inmates.

The retirement of one of the oldest members of your board,* while giving me an opportunity to express my great regret that his impaired health should have induced him to withdraw from so many of the active duties of life to which he was accustomed, and in which

* James R. Greeves.

his usefulness was so generally recognized, will, I trust, also justify me in alluding to the many and valued services which he rendered to the Institution during his long connection with it. This was especially so during the erection of the new hospital, where, from my having the immediate direction of all the details of that great work during four years, I had abundant opportunity to become familiar with and to appreciate the importance of his services, rendered especially so by his practical mechanical knowledge, his sound judgment, his liberal views, and his ready appreciation of the varied requirements of a great institution devoted to the relief of human suffering. He was chairman of the Building Committee, and, in that capacity, our intercourse was constant, and at all times I was sure of his aid and influence in favor of whatever tended to secure the excellence and completeness of the hospital.

THE PENNSYLVANIA HOSPITAL AND THE INSANE.—
 Pennsylvania has ever been distinguished for her interest in the insane, and to secure proper care and treatment for this afflicted class was one of the prominent objects that led to the establishment of the Pennsylvania Hospital. This is clearly shown by the petitions presented to the Provincial Assembly, in 1751, by the subsequent appeals to that body (many of which were written by Franklin, one of the first managers of the institution), by the action of the Assembly, the charter of the corporation, and the various publications, and other movements authorized by those intrusted with its management during the 115 years of its existence. Familiar as all these things are to your Board, they are not so to many who are interested in the institution, and the

frequent inquiries that are made in reference to this whole subject, will be a sufficient excuse for some further reference to certain branches of it, often as they may have already been alluded to.

The Pennsylvania Hospital was the first institution in America in which provision was made for the care and treatment of the insane. The first patient was admitted into its wards on the 11th day of February, 1752, and the average proportion of all cases during that year was only nine. The Hospital at this time, and until 1756, when the eastern wing of the present building was completed and opened, was kept in a house formerly the residence of Judge Kinsey, on the south side of Market Street, above Fifth Street, the house and grounds, nearly one-third of a square, being rented for forty pounds a year. The western wing of the Hospital was opened in 1796; the walls of the centre building were carried up in 1797, but, owing to the want of funds, the entire completion of its interior was not effected till the year 1805.

The insane, who were at first accommodated in a part of the eastern wing, were removed to the western on its completion, and continued to occupy this portion of the structure as well as various detached buildings on the same side, and also to use more than two-thirds of the entire square of ground—between Spruce and Pine and Eighth and Ninth Streets, on which the Hospital stands—till the removal of their department to the west side of the river Schuylkill, on the first day of the year, 1841. On the removal of the insane, all these buildings and grounds were given up to the department for the sick. Important as this change was understood to be, indispensable, indeed, as the first step in carrying out a more liberal and enlightened treatment of the insane, by all

who had investigated the subject, no little difficulty was at first experienced in securing its adoption. It is due to the medical officers of the institution of that day, that it should be known that they were the early, persistent, and most decided friends of this movement. Public opinion, too, outside of the Board became nearly unanimous on the subject, and the contributors, at one of their meetings in 1835, directed the commencement of the work. It was an important and a costly undertaking, every one desired that it should be well done, and no one would have felt satisfied if a great advance had not been made in carrying out the plan which had been so long under discussion. Fortunately, the wise foresight of the early managers of the institution had secured various vacant lots around the old Hospital, at a cost of rather less than \$10,000, and the proceeds of these, which, in principal and interest ultimately amounted to \$325,000, the contributors, with great unanimity, directed to be appropriated to this object. The lot south of the Hospital, on Pine Street, was subsequently sold for about \$120,000, and of this sum nearly \$60,000—in addition to the \$18,000 already used to alter the west wing,—were expended on the City Hospital, and the remainder added to the capital stock of the corporation. So that for what the department for the insane received from these vacant lots which had never yielded any revenue, it gave up more than one-half the Hospital buildings, more than two-thirds of the square of ground on which they stand, and all the proceeds of the south lot just referred to.

It was thus that the lands and original buildings of the Pennsylvania Hospital for the Insane were obtained. Beginning with ninety-four patients received from the old structure, its numbers gradually increased till every

part of its wards was crowded, and it became obvious to all who investigated the subject, that either additional accommodations must be provided, or our community must look elsewhere than in its own institutions for accommodations for those who were so unfortunate as to suffer from mental disorders. It was then, and not till then, that the proposition was made to put up an entirely new and additional hospital, to separate the sexes, and to more than double the accommodations of the institution. Coupled with this recommendation was another, that, great as it was well known the cost would be, it should be done without any resort whatever to the vested funds of the corporation, by boldly appealing to the benevolent spirit of this community; and so the work was done. Not one cent of the capital was ever taken for this purpose. No less than \$355,000 were thus collected, and, with this sum, the entire buildings, fixtures, furniture, everything, indeed, as they now stand were provided and paid for.

The Department for Males of the Pennsylvania Hospital for the Insane is a monument to the liberality, intelligence, and benevolence of our community. We can never look upon it without asking that the spirit from which it sprang may ever be prominent among us, and with a conviction that as long as it is so, when properly appealed to, it will keep the institution in the highest state of efficiency.

From the 27th of October, 1859, the Pennsylvania Hospital for the Insane has consisted of a Department for Males and a Department for Females. Although situated on the same tract of land and under the same government, each is a complete hospital in itself; the former is capable of accommodating 250, and the latter

200 patients, with the means for classification rarely if ever equalled. Seven years' experience with these new arrangements have shown their advantages to be even greater than were anticipated, and, so far as is known, of all who contributed to this work of philanthropy and real progress not one has yet been found who has not felt gratified with what he has done to aid in its accomplishment.

There is another gratifying feature connected with this change that ought never to be forgotten, and that is, that notwithstanding the very valuable buildings and grounds which the Hospital for the Insane gave up to that for the sick, its demands on the treasury of the corporation have been so small as to leave a very large proportion of the income of the vested funds for the benefit of the latter.

From the statement which has very kindly been furnished me by the Treasurer of the Hospital, and which will be found in detail below, it appears that in the twenty-six years the Department for the Insane has been separated from that for the sick, it has received from the income of the vested funds of the corporation \$124,208 86, or an average of \$4,778 03 per annum, while during the same period the Department for the Sick has received from the same source, \$513,645 50, or an average of \$19,755 59 per annum, considerably more than four times as much. So that notwithstanding the large portion of this capital stock, which originally came from the profits of keeping the insane when in the old city hospital, besides, in addition, the various sums since given specifically for their benefit, and not yet separated from the general fund, the "Pennsylvania Hospital for the Insane," during its whole existence, has been able to get on with asking from the treasury an amount which

is considerably less than the interest of what the insane furnished to the capital stock, less than enough to pay the salaries of its chief officers, and \$112,178 48 less than it expended on the free patients who have been under its care. All this, too, notwithstanding that a part of the period was one of unexampled difficulty in the management of such institutions, owing to the greatly increased cost of nearly every article used, without a corresponding advance being made in the rate of board, while the state of the country rendered it impracticable to collect much that was due to it.

The following statement shows the amount drawn from the treasury in each year, and also the amount expended on free patients in corresponding periods, viz:—

Received from the Treasury in—	Expended on Free Patients in—
1841 \$8,289 20	1841 \$4,510 22
1842 7,292 14	1842 5,386 16
1843 4,131 34	1843 5,487 56
1844 2,058 87	1844 6,509 36
1845 1,383 65	1845 6,727 76
1846 3,439 86	1846 7,508 80
1847 5,567 08	1847 8,375 64
1848 26	1848 7,666 88
1849 749 05	1849 7,349 68
1850 1,024 30	1850 7,888 40
1851 3,198 99	1851 8,338 72
1852 3,107 14	1852 8,592 48
1853 \$534 33 above expenses	1853 8,542 56
1854 2,322 80	1854 8,924 76
1855 1,710 86	1855 9,947 08
1856 4,650 00	1856 9,057 88
1857 4,700 00	1857 9,383 92
1858 4,700 00	1858 9,223 06
1859 4,929 17	1859 10,748 40
1860 5,925 00	1860 12,743 89
1861 7,100 00	1861 13,086 32
1862 7,200 00	1862 10,170 12
1863 7,140 00	1863 14,501 91
1864 7,360 00	1864 11,682 03
1865 13,604 15	1865 12,214 22
1866 12,625 00	1866 11,819 53
<hr/> \$124,208 86	<hr/> \$236,387 34

This statement is interesting, also, as showing how much is being done for the indigent and those in moderate circumstances in this branch of the institution. In the whole period in which it has been in operation it has expended almost twice as much on free patients as it has drawn from the treasury. In only four years of the whole term did it draw as much from the treasury as it thus expended.

Notwithstanding all this, it is hoped that at no distant day, the benevolent and liberal of this community, following the example of the late Abraham Miller, Joseph Fisher, and George Ord, and of the generous men and women who are still and we trust long will be amongst us, will place this department in such a position financially, that not only will it require no part of the income of the vested funds of the corporation for its support, but will still go on, improving all its arrangements, adding essentially to the comfort of its inmates, and securing greater efficiency in its means of treatment. Beyond this, too, it hopes to be enabled to carry out, what is most urgently needed in our community, the ability to receive without charge, a much larger number of those whose means do not permit their paying even the lowest rate of board. What a great charity this really is, can be known only by those who learn from the officers of the Hospital—for no others know—who they are that every year receive the benefits of this most beneficent provision. There is still another reason why this state of things is desirable. The parent institution in the city, from which this sprang, will then always be able to use all the income of the vested funds of the corporation, and most earnestly is it to be desired, that every one of its vacant beds should be filled, and its already great usefulness be

still more widely extended among the deserving poor of Philadelphia. No one more earnestly desires to see all this accomplished than those who direct the affairs of this branch of the institution, which—as often happens when an offspring leaves the venerable parental roof—has effected what it never could have done had it remained under it. It has gone on expanding in size and usefulness, till its proportions have become even greater than those of the parent from which it descended. Its extended sphere of operations, however, has in no way diminished the filial affection it has always felt for its parent, which would certainly be a most unnatural one, if it did not also cherish an honest pride in the success and good name which its offspring has acquired by faithfully laboring to promote the great ends for which the institution was established, and especially so, when, as in this instance, it has during their separate existence received from the common family stock, less than the income of what it originally added to it, although it took with it, when it left for its new sphere of labor, only an honored name, an ancient history, and the memory of the great and good men who had been in one way or other identified with it.

NECESSITY OF GREATER STATE PROVISION FOR THE INSANE.—What has been referred to in the preceding pages was almost exclusively the work of benevolent individuals, and of which there are other evidences of a highly honorable character in our own vicinity. The State, although late in entering upon the work, has done well and acted liberally towards the institutions of its own founding. The hospital at Harrisburg, entirely under the control of the State Government, and

the Western Pennsylvania Hospital at Dixmont, near Pittsburgh, partially so, are the best evidences of the sympathy which the citizens of our Commonwealth feel for this class of their afflicted fellow-men; and yet it is obvious to every one who investigates the subject how entirely inadequate both these are, even with the provision made by the city of Philadelphia and by one or two of the larger counties for their own poor, to meet the wants of the population of the interior of the State. The discussions in the last meeting of the Association of Medical Superintendents of American Institutions for the Insane, at Washington, and the action of the Legislatures of New York and Connecticut seem to me to have settled conclusively that our American State institutions are hereafter to be curative ones, and that the chronic and recent cases, however distinct may be their wards, are to be treated in the same buildings and be under the same general superintendence. It is not proposed here to enter into any argument to show, as could easily be done, the real economy there is in every community providing abundant accommodations of a high order for all its insane, nor to demonstrate in dollars and cents how much is really saved by restoring to health and usefulness those who, without such provision, would prove a burden to their friends or the community during their lives. It is rather to say that there are constantly coming to the notice of those connected with this institution, unmistakable evidences of a great want still existing in many parts of the State, of suffering and injudicious treatment extensively prevailing in private houses and public establishments, of the afflicted being confined and cared for, as no one bearing the impress of a common humanity ever should

be in this great commonwealth, which having the honor of being the first to move in this Christian work, now owes it to herself to see that every vestige of a past age and of barbarous customs are banished from her borders. Another State institution for the insane cannot be provided too soon; there are those now suffering from the want of it in numbers quite sufficient to fill every ward, were it ready, to-day; and it can hardly be that any tax-payer of moderate intelligence, who carefully calculates his own share of the expense, would object to such an employment of a portion of the funds of the commonwealth. If they did not directly benefit some one of his own household, sooner or later they certainly would that of some neighbor, who would receive a relief that would cause him ever to think gratefully of his government, whose acts of beneficence should always redeem it from the common charge of thinking only of political interests, and of being governed solely by selfish influences.

WHY THIS HOSPITAL APPEALS TO THE BENEVOLENT.—This institution appeals now, as it always has done, to the benevolent for liberal remembrance, because it has never received assistance from city, county, or State, and so far has no separate vested fund for its support. The contributions of the community have been its reliance in the past, and the results fully justify such a faith for the future. When its aims and its fruits are dispassionately examined, it has no fears for the decision that will be arrived at. Expending every dollar it receives, for the benefit of its patients, restricting its advantages to no sect, class, or calling, providing for a malady that may enter any household, and, once there,

banish from every member of it what had made life brightest and dearest, a disease which, whether desired or not, must often bring the sufferer here or to a similar institution for treatment; interfering with no existing charity, its claims for recognition are peculiar, and few will be found that are not disposed to do what they can to secure for it the very highest class of arrangements, and whatever else can contribute to the comfort of the patients. The simple fact that, while those afflicted with other maladies may be aided, treated, nursed, and have all their wants supplied at their own homes, humble as they may be, by pecuniary assistance, those who suffer from insanity, in a very great majority of cases, cannot be kept with their friends, not only when they have the double affliction of sickness and poverty, but even when surrounded by all the advantages their wealth or social position may give them, is, of itself, a valid reason why every member of a community should have a real personal interest in elevating the character of our hospitals for the insane, far beyond that of simply providing for the poor and the unfortunate. These are the reasons that have secured for it the sympathies of our community in the past. As long as that community finds such to be the grounds on which aid is asked, and knows that whatever is given will be faithfully used, there is no cause for fear that it will be forgotten. While every dollar thus contributed will do its share of the good work, whoever founds a free bed, may set his own estimate of the interest he will receive from his investment when he learns that in every year the institution exists, he will be the means of restoring to mental health not less than one or two sufferers from

insanity, who, without this benevolent provision, might sink into hopeless dementia.

For these reasons this hospital asks that it shall not be forgotten by the benevolent, however numerous and urgent may be all other appeals for their liberal remembrance. It is a rival to no other institution, its work is different from every other, it is a necessity in every community, and is a result of the highest Christian civilization. It asks not only that it should have the means to furnish to its present number of this class of afflicted whatever will add to their comfort and promote their restoration, but that it shall be able to give aid to a much larger number of those who are so poor, or in such moderate circumstances, that they are compelled to rely on some charitable provision for their care and treatment whenever so sad a calamity overtakes them.

CONCLUSION.—The hospital year just closed—the twenty-sixth of the institution in its present location—divested of its financial difficulties, already referred to, has been one of great interest and usefulness. The number of patients who have been recipients of its benefits has been large, and of the admissions a large proportion have been of a highly interesting character. Its general course has been prosperous, and it never had equal facilities for carrying out the great objects of its foundation. For all these, and for numberless other blessings, I would again express my devout acknowledgments to the bountiful giver of every good, and ask in the future the same protection that has been vouchsafed in the past. With the assurance that the institution is eminently worthy of the support of all who would lessen

the sorrows of their fellow-men, and dispel the dark clouds which so often attend mental disorders, I again commend it to your kindly regards, and to the generous sympathy and liberal remembrance of the whole community.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1867. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c., can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____ M. D.

_____, 1867.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ 1867.

_____ }

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by “the Contributors to the Pennsylvania Hospital,” we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the ——— day of ———, 1867.

The above preliminaries having been complied with an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS. .

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement now manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *pre-meditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

VIEW OF THE UNIVERSITY OF MICHIGAN, ANN ARBOR, MICH., 1847.
FROM THE CAMPUS MARTINUS.



R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1867.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1868.

COLLINS, PRINTER.

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ASSISTANT PHYSICIAN.

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Department for Females.

ASSISTANT PHYSICIAN.

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STEWARD.

JONATHAN RICHARDS.

MATRON.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN compliance with the requisitions of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his twenty-seventh Annual Report.

At the date of the last report there were 296 patients in the Institution, since which 288 have been admitted and 240 have been discharged or have died, leaving 344 under care at the close of the year.

The total number of patients in the hospital during the year was 584. The highest number at any one time was 368; the lowest was 294; and the average number under treatment during the whole period was 336, or 169 males, and 167 females.

The number of males in the hospital during the year was 307, and the number of females was 277. The highest number of males at any one time was 186, and the highest number of females was 182. At the beginning of the year there were 148 males, and 148 females. At this date there are 172 males and 172 females. The number of males admitted during the year was 159, and the number of females 129.

Of the patients discharged during the year 1867, were—

	Males.	Females.	Total.
Cured	64	63	127
Much improved	1	9	10
Improved	21	12	33
Stationary	34	11	45
Died	15	10	25
Total	135	105	240

Of the patients discharged "cured," fifty-eight were residents of the hospital not exceeding three months; forty-five between three and six months; eighteen between six months and one year; and six for more than one year.

Of those discharged "much improved," nine were under treatment less than three months; three between three and six months; six between six months and one year; and one for more than one year.

Of the "improved," fourteen were under care less than three months; nine between three and six months; five between six months and one year; and five for more than one year.

Of those discharged and reported "stationary," thirteen were under care less than three months; thirteen between three and six months; nine between six months and one year; and ten for a longer period than one year.

Fifteen males and ten females have died during the year. Of these deaths, seven resulted from acute mania; five from organic disease of the brain; two from the exhaustion of chronic mania; three from pulmonary consumption; one from diarrhœa; one from hemorrhage of the lungs; one from cancer; one from gangrene; and three from old age.

Of the patients who died, nine were admitted for

mania, four for melancholia, one for monomania, and eleven for dementia.

Of those who died, three were in the hospital less than one month; two between one and three months; six between three and six months; two between one and two years; five between two and three years; two between four and five years; two about seven years; one nearly twenty-five years; one nearly thirty-nine years; and one more than sixty years.

From the preceding statement it will be seen that more patients have been admitted than during any previous year, and that the number under treatment (584) during 1867 is considerably larger than during any similar period. The average number under treatment in 1866 was 310, while in 1867 it was 336. It may be remarked as a curious coincidence that as the number of each sex was alike (148) at the beginning of the year so it was equal (172) at its close, notwithstanding the fact that thirty more men than women were admitted during the period under notice. The number of recoveries, too, 127 in all, was greater during the past year than in any previous one, and within one of being equally divided between the sexes. The number of deaths was not large, but in the list were some of our oldest residents; one having been in the hospital about twenty-five years, one nearly thirty-nine, and another for more than sixty years, in the enjoyment of wonderfully good general health.

STATISTICAL TABLES.—The statistical tables in this report embrace, as usual, all the cases admitted since the opening of the hospital in 1841. They have been

carefully prepared, and are as full as the materials at my command would permit. There is, in many cases, no little difficulty in obtaining all the facts necessary to secure perfect accuracy in the preparation of these, as in most other statistics, which are, in a measure, matters of opinion. This must always be the case to some extent, in regard to the causes of insanity, and frequently in reference to the commencement and duration of the disease. It is not always safe to put down the cause assigned by friends, for effect is not rarely mistaken for cause, and in many instances only a careful study of the case, and no little cross-examination of those who have known the patient, lead to perfectly reliable conclusions.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	2690	2374	5064
Discharges	2518	2202	4720
Remain	172	172	344

TABLE II.—*Showing the ages of 5,064 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	185	147	332
Between 10 and 15	8	14	22	“ 55 and 60	109	94	203
“ 15 and 20	144	151	295	“ 60 and 65	104	78	182
“ 20 and 25	399	338	737	“ 65 and 70	34	54	88
“ 25 and 30	411	378	789	“ 70 and 75	32	36	68
“ 30 and 35	342	306	648	“ 75 and 80	18	14	32
“ 35 and 40	379	282	661	“ 80 and 85	3	4	7
“ 40 and 45	267	268	535	“ 85 and 90	—	—	—
“ 45 and 50	253	206	459	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 2,690 male patients.*

Farmers	353	Tanners	6
Merchants	262	Artists	19
Clerks	215	Hairdressers	2
Physicians	52	Police Officers	8
Lawyers	54	Machinists	47
Clergymen	29	Plane-maker	1
Masons	21	Iron-masters	2
Umbrella-makers	3	Weavers	29
Printers	28	Bricklayers	11
Teachers	39	Brickmakers	4
Officers of the Army	10	Sail-makers	6
“ “ Navy	16	Coopers	3
Students	55	Jewellers	14
“ of Medicine	16	Potter	1
“ of Law	6	Chair & Cabinet makers	27
“ of Divinity	8	Blacksmiths	34
Saddlers	14	Watchmakers	6
Peddlers	15	Hotel Keepers	31
Tobacconists	21	Second-hand dealers	3
Carpenters	88	Cap Manufacturer	1
Bakers	14	Locksmiths	3
Seamen and Watermen	56	Millers	15
Planters	29	Glassblowers	3
Manufacturers	57	Wheelwrights	6
Coachmen	5	Gardeners	11
Druggists	28	Chemists	5
Laborers	199	Print Cutters	2
Engineers	16	Curriers	2
Plasterers	14	Tailors	39
Bank Officer	1	Shoemakers	87
Conveyancers	6	Brokers	7
Bookbinders	10	Waiter	1
Hatters	8	Stove-makers	3
Rope-makers	3	Dentists	2
Tinmen	19	Victuallers	14
Painters	23	Soldiers U. S. A. . . .	19
Brush-maker	1	Brewers	2
Paper-hangers	2	Coach-trimmers	2
Boat-builder	1	Auctioneers	2
Carver	2	Plumbers	2
Confectioners	13	Type Founders	2
Coach-makers	6	Telegraph Operators	2
Public Officers	4	Whip-maker	1
Shipwrights	2	Silversmith	1
Collector	1	Photographer	1
Nurses	2	Wire-worker	1
Soap-maker	1	Upholsterer	1
Contractor	2	Drovers	2
Author	1	No occupation	366

TABLE IV.—*Showing the occupation of 2,374 female patients.*

Seamstresses, or Mantua-makers	232	Wives of Plasterers	3
Storekeepers	25	“ Engineers	10
Attendants in stores	14	“ Artists	10
Cigar-makers	3	“ Bricklayers	2
Teachers	57	“ Paper-makers	2
Domestics	247	“ Collectors	4
Nurses	19	“ Brickmakers	3
Artists	4	“ Seamen	12
Factory Girls	6	“ Merchants	152
Physician	1	“ Physicians	13
Sister of Charity	1	“ Lawyers and Judges . . .	31
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Shoemakers	31
Daughters of Farmers	114	“ Hatters	5
“ Merchants	136	“ Cabinet-makers	15
“ Masons	4	“ Laborers	136
“ Bank Officers	5	“ Grocers	7
“ Weavers	19	“ Clergymen	19
“ Laborers	18	“ Tobacconists	4
“ Sea Captains	4	“ Weavers	11
“ Auctioneer	1	“ Sea Captains	2
“ Innkeepers	4	“ Victuallers	8
“ Teachers	10	“ Brush-makers	2
“ Carpenters	11	“ Tailors	18
“ Paper-makers	2	“ Millers	6
“ Physicians	11	“ Police Officers	7
“ Planters	20	“ Carpenters	27
“ Watchmaker	1	“ Druggists	13
“ Curriers	3	“ Planters	10
“ Clerks	25	“ Peddlers	5
“ Engineer	1	“ Manufacturers	42
“ Clergymen	17	“ Broker	1
“ Miller	1	“ Tanners	10
“ Public Officers	18	“ Officers of the Army . . .	9
“ Officers of Army	2	“ “ Navy	1
“ “ Navy	1	“ Plumbers	3
“ Lawyers	15	“ Blacksmiths	9
“ Machinists	5	“ Bakers	4
“ Bricklayers	2	“ Confectioners	3
“ Chair-maker	1	“ Hair-dresser	1
“ Manufacturers	9	“ Contractors	3
“ Tailors	5	“ Dentists	3
“ Waterman	1	“ Watchmakers	3
“ Bakers	4	Of the <i>Widows</i> similarly situated, were—	
“ Printers	4	Widows of Merchants	47
“ Shoemakers	3	“ Physicians	12
“ Druggist	1	“ Public Officers	11
“ Artists	3	“ Sea Captains	5
“ Brickmaker	1	“ Hotel Keepers	6
“ Blacksmiths	2	“ Shoemakers	20
“ Dentist	1	“ Clergymen	4
Of the <i>Married</i> similarly situated, were—		“ Farmers	51
Wives of Clerks	59	“ Coopers	3
“ Teachers	11	“ Laborers	31
“ Farmers	196	“ Manufacturers	13
“ Brass Founders	4	“ Lawyers	4
“ Gardeners	6	“ Carpenters	5
“ Saddlers	4	“ Clerks	12
“ Printers	5	“ Tanner	1
“ Machinists	27	“ Teachers	2
“ Masons	2	“ Planters	6
“ Painters	2	“ Bricklayers	2
“ Stage Owners	2	“ Painters	2
“ Cutler	1	“ Seamen	7
“ Bank Officers	8	“ Engravers	2
“ Innkeepers	28	“ Engineers	4
“ Book-binders	3	“ Machinists	3
“ Tinman	1	“ Mason	1
“ Editors	3	“ Printer	1
		“ Blacksmith	1
		“ Baker	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 5,064 patients.*

	Males.	Females.	Total.
Single	1364	989	2353
Married	1205	1079	2284
Widows	—	306	306
Widowers	121	—	121

TABLE VI.—*Showing the nativity of 5,064 patients.*

Natives of Pennsylvania	2735	Natives of Canada	15
“ New Jersey	246	“ France	14
“ Delaware	116	“ England	219
“ Maryland	139	“ Scotland	33
“ Virginia	71	“ Ireland	643
“ North Carolina	42	“ Germany	284
“ South Carolina	45	“ Poland	8
“ Georgia	22	“ Prussia	10
“ Alabama	15	“ Switzerland	5
“ Tennessee	16	“ Bermuda, W. I.	2
“ Indiana	5	“ Jamaica, “	1
“ Kentucky	22	“ St. Domingo, “	4
“ D. of Columbia	15	“ Barbadoes, “	4
“ Maine	12	“ Cuba, “	5
“ Massachusetts	48	“ Guadaloupe, “	1
“ Connecticut	31	“ Martinique, “	1
“ Missouri	6	“ St. Croix, “	1
“ Ohio	22	“ St. Thomas	1
“ New Hampshire	7	“ Isl. of Madeira	1
“ Louisiana	17	“ Isle of Man	1
“ Rhode Island	9	“ Spain	1
“ New York	134	“ Italy	1
“ Mississippi	7	“ Denmark	2
“ Vermont	3	“ Holland	2
“ West Virginia	3	“ Austria	4
“ Michigan	1	“ Bavaria	2
“ Iowa	1	“ Venezuela, S. A.	1
“ Texas	1	“ Norway	1
“ Illinois	1	“ Costa Rica	1
“ Sicily	1	Born at Sea	1
“ Nova Scotia	2		

TABLE VII.—*Showing the residence of 5,064 patients.*

Residents of Pennsylvania	4235	Residents of Iowa	6
“ New Jersey	160	“ Connecticut	6
“ Delaware	93	“ Maine	3
“ Maryland	104	“ Rhode Island	4
“ Virginia	52	“ New York	89
“ West Virginia	4	“ Florida	1
“ D. of Columbia	23	“ Wisconsin	1
“ North Carolina	39	“ California	3
“ South Carolina	31	“ Oregon	1
“ Georgia	23	“ Minnesota	1
“ Alabama	17	“ Kansas	1
“ Louisiana	27	“ Jamaica, W. I.	1
“ Tennessee	11	“ Barbadoes, “	4
“ Kentucky	17	“ Cuba, “	7
“ Arkansas	3	“ St. Croix, “	1
“ Mississippi	9	“ St. Thomas “	2
“ Vermont	2	“ Isl. of Madeira	1
“ Texas	5	“ Germany	2
“ Illinois	8	“ Venezuela, S. A.	2
“ Michigan	3	“ England	1
“ Ohio	24	“ Norway	1
“ Indiana	12	“ Costa Rica	1
“ Missouri	12	“ Mexico	1
“ Massachusetts	9	“ Canada	1

TABLE VIII.—*Showing the supposed causes of insanity in 5,064 patients*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	470	413	883	Want of employment	37	—	37
Intemperance . .	339	30	369	Mortified pride .	2	1	3
Loss of property .	125	42	167	Celibacy	1	—	1
Dread of poverty .	3	2	5	Anxiety for wealth	2	—	2
Disappointed affections	28	43	71	Use of opium . .	8	11	19
Intense study . .	35	10	45	Use of tobacco . .	6	—	6
Domestic difficulties	38	64	102	Use of quack medicines	2	1	3
Fright	13	23	36	Puerperal state. .	—	189	189
Grief, loss of friends, &c.	66	192	258	Lactation too long continued . .	—	10	10
Intense application to business . .	32	4	36	Uncontrolled passion	5	7	12
Religious excitement	68	91	159	Tight lacing . .	—	1	1
Political excitement	12	—	12	Injuries of the head	61	6	67
Metaphysical speculations	1	—	1	Masturbation . .	70	—	70
Want of exercise .	6	2	8	Mental anxiety .	130	188	318
Engagement in duel	1	—	1	Exposure to cold .	3	1	4
Disappointed expectations	6	11	17	Exposure to direct rays of the sun .	44	2	46
Nostalgia	—	6	6	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	5	—	5
				Old age		1	1
				Unascertained . .	1068	1022	2090

TABLE IX.—*Showing the ages at which insanity first appeared in 5,064 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	12	4	16	Between 45 and 50	195	162	357
Between 10 and 15	42	46	88	“ 50 and 55	115	108	223
“ 15 and 20	255	260	515	“ 55 and 60	81	86	167
“ 20 and 25	502	425	927	“ 60 and 65	64	44	108
“ 25 and 30	450	425	875	“ 65 and 70	21	13	34
“ 30 and 35	333	308	641	“ 70 and 75	15	9	24
“ 35 and 40	342	243	585	“ 75 and 80	10	5	15
“ 40 and 45	252	232	484	“ 80 and 85	1	4	5

TABLE X.—*Showing the forms of disease, for which 5,064 patients were admitted.*

	Males.	Females.	Total.
Mania	1192	1103	2295
Melancholia	610	772	1382
Monomania	396	304	700
Dementia	480	190	670
Delirium	12	5	17

TABLE XI.—*Showing the duration of the disease at the time of admission in 5,064 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . . .	1354	1332	2686
Between 3 and 6 months . . .	190	168	358
“ 6 months and 1 year . . .	333	267	600
“ 1 and 2 years	333	224	557
“ 2 and 3 “	149	99	248
“ 3 and 4 “	81	61	142
“ 4 and 5 “	55	42	97
“ 5 and 10 “	95	92	187
“ 10 and 15 “	44	36	80
“ 15 and 20 “	21	25	46
“ 20 and 25 “	15	13	28
“ 25 and 30 “	10	9	19
“ 30 and 35 “	3	3	6
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 5,064 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	1937	1671	3608	9th paroxysm	5	4	9
Second "	425	411	836	10th 2 m. 6 f., 11th 2 m. 4 f.	4	10	14
Third "	129	149	278	12th 2 m. 3 f., 13th 1 m. 2 f.	3	5	8
Fourth "	72	59	131	14th 1 m. 3 f., 15th 1 m. .	2	3	5
Fifth "	34	24	58	16th 1 m., 17th 2 m. . . .	3	—	3
Sixth "	48	11	59	18th 4 m., 19th 2 m. . . .	6	—	6
Seventh "	13	5	18	20th & 21st each 1 m. & 1 f.	2	2	4
Eighth "	6	8	14	22d 1 m., and to 26th each 1 f.	1	5	6
				27th 2 f., 29th 1 f. . . .	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 4,720 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1249	1190	2439	1374	689	315	59	2
Much improved	168	228	396	171	142	61	22	—
Improved	399	353	752	277	217	118	140	—
Stationary	363	195	558	181	123	86	167	1
Died	339	236	575	246	117	31	167	14

TABLE XIV.—*Showing the number of admissions, discharges, cures and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	392	399	179	57
2d "	394	266	136	42
3d "	457	378	200	44
4th "	493	357	174	51
5th "	494	427	214	50
6th "	489	422	210	39
7th "	402	452	232	54
8th "	402	446	239	59
9th "	398	389	214	53
10th "	408	405	220	40
11th "	378	397	206	40
12th "	357	382	215	46

GARDENS AND PLEASURE-GROUNDS.—The gardens and pleasure-grounds of this Hospital, fifty acres at the Department for Males, and forty-one at the Department for Females, are of so much importance in the treatment of the patients, that they are never passed by without notice in the annual reports of the Institution. Such grounds, enclosed so as to give them privacy, and improved so as to render them attractive and comfortable, are indispensable to any institution desiring to give its patients the great advantages of abundant exercise in the open air at all seasons. Our experience continues to be that there are very few patients who may not, for a considerable period, twice in nearly every day in the year when it is not actually storming, have the pleasure and advantage of using the grounds. More and more convinced of their utility, no opportunity, so far as our means will permit, is lost to add to their attractiveness both for pedestrians and for those who use the various carriages specially provided for the patients.

The gardens have been well cultivated, and have furnished an abundant supply of the finest vegetables for the use of the hospital.

WORKSHOP AND MECHANICAL DEPARTMENT.—The usual facilities are offered for mechanical occupation, but the number who use them does not increase. Every year brings with it some who enjoy such occupations, but, compared to those who prefer other modes of spending their time, the number is limited. Mechanical operations cannot be carried on with a view to pecuniary profit, if a proper regard is had to the best interests of the insane. The amount of income thus received gene-

rally depends on the class of patients admitted, and their previous occupations. In this Institution the idea of pecuniary profit has never entered into our calculations of the advantages of providing abundant means for mechanical employments for those whose tastes are in that direction, or those who can be induced to resort to them as a means of diversion.

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—The twenty-second annual course of evening entertainments was carried out to the end of the season, to the full extent proposed at the time of the publication of my last annual report. As usual, it was of nine months' duration, and at the Department for Females every evening during that period was occupied. Three evenings were devoted to lectures, concerts, or the exhibition of dissolving views, always with music, in the lecture-room; two to gymnastic exercises in the hall put up for that purpose; one to reading the Bible and sacred music in the lecture-room; and one to tea-parties in the officers' apartments in the centre building—the number present at these last being limited only by the capacity of the tables. At the Department for Males, the regular course is the same, with the exception that in place of the light gymnastic exercises and the tea-parties, the patients, on these evenings, use the fine billiard-tables, the ten-pin alleys, or the various other games that are provided in the wards, or in close proximity to them. Every addition made to these evening entertainments has demonstrated still more strongly their value, and I cannot conceive that any one who has fully realized their importance, could ever

allow the slightest diminution in their frequency or attractiveness. Every form employed here is useful—not only in breaking up the dreary monotony too often seen in the wards of hospitals during the evening—not only for the ordinary physical and mental exercise that is furnished—but because there is also, with these, a moral effect on many from their appreciation of the efforts made for their occupation and amusement, and from their social intercourse with their fellow patients and the officers. The number who have been able to attend these tea-parties has been much greater than was anticipated. No ward has been omitted from its regular turn; every one has sent a large majority of its inmates; while from several there has often been hardly a single patient absent. All the officers resident at the Hospital, with the ladies of their families, are generally in attendance, and nothing material has ever occurred to mar the satisfaction of those who have participated in these very pleasant and useful entertainments.

It is not to be concealed that no little determination is often required on the part of the superior officers of a hospital for the insane, to keep up, in thorough activity, even the best devised schemes for the exercise, occupation, and amusement of patients. Patients themselves, from a natural temperament often, and frequently from the effects of impaired mental and physical health, show a disinclination for everything requiring exertion, and are always looking for novelties. It is equally true, however, that much of this is often owing to the want of sufficient zeal and energy on the part of their attendants, who, becoming familiar with what is going on, are rather liable to mistake their own

want of interest, for a want of interest on the part of the patients. Any one with tact and a determination to interest others, can generally, to a reasonable extent, succeed in doing so.

LIGHT GYMNASTICS.—At the Department for Females these have again been continued during the entire year, and with undiminished interest and advantage. They have now been in regular use for more than four years, and may be regarded as permanently established among our hygienic remedies. As usual, the more intelligent and thoughtful of our household have most thoroughly appreciated their value; and the efforts of the leader of the class, and of many of the attendants, have added greatly to the interest of its members and of the spectators. The total number who have been connected with the class is one hundred and fifty-eight, and the average number engaging in the exercises varies from twenty to thirty. The beautiful Gymnastic Hall continues to be a valuable appendage to the Institution for various other purposes than that for which it was specially erected. The anniversary of the introduction of gymnastic exercises is always formally observed, and the presence of the whole Board of Managers on these occasions, has very much tended to increase the general interest, and to confirm the estimation in which the exercises are held.

MUSEUMS AND READING ROOMS.—The two Museums and Reading Rooms at each department continue to furnish a pleasant place of resort for patients when out of the wards, and ample space for preserving the various objects of interest which have been presented to the

Institution. We again solicit contributions to these collections, and also to the libraries connected with them, or to the ward and other libraries in the hospital buildings.

IMPROVEMENTS. — The principal improvement commenced during the past year, is the provision of an additional ward at the Department for Females. This ward is intended for a class of cases of the deepest interest—for persons very sick, and for those laboring under acute affections of the brain, accompanied by high excitement, and requiring the utmost care and privacy, and yet, for obvious reasons, not most comfortably situated in any of the ordinary wards. This was admirably provided for at the Department for Males, in the erection of that building, and had been temporarily furnished by our having vacant wards in the Department for Females, after the removal of the men to the new building. As these wards, however, were gradually filled, the want alluded to became every now and then painfully apparent; and no one, who examined the subject, could doubt the propriety of making the provision at the earliest possible moment. Fortunately, just about this time, a highly esteemed citizen of Philadelphia,* in the disposition of his estate, furnished the Hospital with all the funds necessary to accomplish this object in the most efficient manner, and on conditions that left no possible question as to the application of the money, it being given specifically for “extending and improving the accommodations for the insane.” The building was commenced during the summer, and is now enclosed. It will be completed early in the coming summer, work being suspended during the winter.

* Joseph Fisher, Esq.

Considerable painting has been done at the Department for Males, and some progress made in furnishing its vacant wards, but much more of both will be required before the close of the coming year, owing to the steady increase in the number of patients applying for admission. A new dining-room has been fitted up for the 7th and 8th Wards north, at the west end of the Gymnasium, and some of the roads have been much improved. At the Department for Females, the furnishing of the 1st Ward south, the last that was unoccupied, has been nearly completed, and the ward has been regularly in use. At this department, too, a renewal of much of the furniture long in use, will soon be required.

RECEIPTS AND EXPENDITURES.—The following statements of the receipts and expenditures at each department during the year 1867, have been prepared at my request by the stewards of the institution.

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds	.	.	\$18,314	91
Household expenses	.	.	32,018	41
Furniture	.	.	6,399	54
Lights	.	.	1,293	31
Fuel	.	.	5,253	56
Garden, grounds, live stock, and carriages			1,396	88
Grain and feed for stock	.	.	1,039	19
Repairs and improvements	.	.	2,992	59
Medicines	.	.	842	03
Amusement of patients	.	.	85	50
Stationery and printing	.	.	423	88
Library	.	.	160	60
Miscellaneous	.	.	381	29
Total expenditures	.	.	\$70,601	69

Net receipts	\$76,921 47
Average number of patients	169
“ “ of free patients	12
“ cost per week of each patient	\$8 01
Amount expended in 1867 on free patients	\$5,102 37

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds	\$17,341 14
Household expenses	35,556 86
Furniture	3,588 86
Lights	1,680 67
Fuel	5,203 06
Garden, grounds, live stock, and carriages	1,997 45
Grain and feed for stock	2,678 13
Repairs and improvements	5,825 41
Medicines	965 95
Amusement of patients	315 79
Stationery and printing	435 14
Library	50 00
Miscellaneous	368 44
Total expenditures	\$76,006 90
Net receipts	75,297 42
Average number of patients	167
“ “ of free patients	15
cost per week of each patient	\$8 70
Amount expended in 1867 on free patients	\$6,803 50

From these statements it will be seen that with the increased number of patients, the average cost has been slightly diminished from what it was last year; and the receipts for board have been larger, so that I am able to report that the Department for the Insane has paid all

its expenses of every kind, besides providing means for renewing some of the furniture at the Department for Females, and also for furnishing an additional ward at the Department for Males, which, as already stated, the steady increase in the number of applicants for admission shows will be necessary at an early day. The occurrence of two floods during the past year, did much damage to the boundary walls, and to the roads and bridges. This was especially the case at the Department for Females, and added largely to its expenditures for repairs. The total amount expended at both departments of this hospital in 1867 on free patients was \$11,905 87.

ACKNOWLEDGMENTS.—As usual, I have the pleasure to be able to present our acknowledgments to various friends of the Hospital, who have in different ways manifested their interest in its welfare and in the happiness of the patients. To H. Kellogg & Sons we are indebted for \$100, for the amusement fund; to John B. Budd for \$50, and to William J. Reed for \$11 to the same; to Mrs. Caroline Pennock for a valuable invalid bed and fixtures; to a “former patient” for \$50, for the amusement fund; to Dr. Keyser for \$25, for the benefit of the patients; to “a friend” for \$10, for the same purpose; to Mrs. C. P. Voight for \$7 for amusements; to J. F. Eppelsheimer for belting, worth \$26.30; to Thomas S. Dixon and Son, for a deduction of \$20 from their bill; to George Remson for two hundred volumes for the patients’ libraries; to D. Clark Wharton for a framed engraving; to W. H. Patton for two cushions for the office; to C. Boenning for a handsomely framed engraving; to G. Pelman for a liberal

deduction from bills for picture frames; to George W. Childs for books, pictures, and a valuable supply of exchange papers; to Dr. I. P. Trimble for several lectures on natural history; to Miss Alexander and friends, and to several other ladies and gentlemen for fine musical entertainments; to Wm. H. Maurice for several readings to the patients; to Thomas Fitzgerald for two copies of the "City Item," and to James W. Queen & Co., and McAllister & Co. for their continued kindness in adding to the interest of our evening entertainments.

At the Department for Males, Dr. S. Preston Jones continues to have the immediate care of the patients, as he has had from its opening. Dr. John T. Wilson has been second Assistant Physician since the resignation of Dr. Beidler, Joshua P. Edge is Steward, and Harriet P. Smith, Matron. At the Department for Females, Dr. J. Edwards Lee continues to be Assistant Physician, Jonathan Richards, Steward, and the place of Matron is vacant, since the resignation of Jane Mitchell, who has resumed her former position in another institution. To these, my associates in office, and to all others whose duties have brought them in contact with the patients, I desire again to express my obligations for their efficient labors and for all they have done to contribute to the comfort and happiness of the patients and to promote the prosperity of the Institution.

It is no mere matter of form—this expression of obligation, to those who have earnestly engaged in the great work of ameliorating the condition of the insane and helping to restore them to health, under the most favorable circumstances. To do this thoroughly requires what every one does not possess; no small share of intelligence, a bright and genial temper, real unselfishness, pleasant,

courteous manners, a truly Christian sense of responsibility, a disposition to aid in everything proposed for the benefit of the patients, and withal a certain degree of enthusiasm in the cause, without which last, no one is likely to achieve great distinction in any position about a hospital for the insane. All these traits are desirable; many of them cannot be dispensed with; those who bring most of them to the work—no matter what division of it—if they are joined to what can only be described as “tact,” perform services, that are not likely to be over-valued, and which render them deserving of respect and commendation from every philanthropist.

HINTS ON INSANITY AND THE CARE OF THE INSANE.—There are many points in regard to insanity and the care of the insane that cannot be too frequently brought before the public, for on a proper appreciation of these by a community, in no small measure depend the best interests of the afflicted and of society—and these interests are identical. If any apology is necessary for recurring—as I have done in several instances—to subjects which have been, at least incidentally, discussed in previous reports, it is to be found in the fact, that every year gives a new class of readers, and that fresh inquiries are constantly being made on the very points under consideration; while frequently, there are occurrences which manifest most strikingly the want of such information as is here given. Besides, truth loses none of its value from repetition, and a lengthened term of observation and increased numbers of cases, give additional force to the teaching of a more limited experience.

Hospitals for the insane are clearly among the necessities of every large community. They are one of the

results of practical Christianity, and are not likely to be established anywhere until their necessity has been clearly demonstrated. It was so with the first in this State and country,—our own Pennsylvania Hospital in Philadelphia. The best citizens of the Province secured its charter as early as 1751, and with a wise foresight, while providing for the “sick poor,” made still more prominent a provision for the insane, without regard to their pecuniary circumstances. Even at that early day, they recognized what a great leveller of the distinctions of society insanity really is, and while the first case admitted into the hospital was a “sick poor” woman, the second, third, fourth and sixth cases received were all suffering from insanity, and they, too, were the first who paid for their accommodations. From its humble beginning the Department for the Insane has been gradually extending its sphere of usefulness, but never until compelled to do so by the wants of the community, and to secure to our own citizens a place for treatment and care when suffering from this sad affliction. The management of the Hospital was very slow in making the first great movement for extending and improving the accommodations of the insane. The persistent efforts of the medical officers of the hospital and of the members of the medical profession, and afterwards of the contributors in their annual meetings alone induced the managers to enter upon the great work, which has since been productive of so much good, and has more than realized the anticipations of those who so steadily urged its commencement. It was a good move and a vast benefit to all parties. While it gave to the insane facilities for an improved treatment that otherwise they could not have had, at the same time it doubled the accommodations for

the sick; and for the lots dedicated by the contributors to the specific purpose of putting up a hospital for the insane, it gave to the sick one-half the present hospital buildings at Eighth and Pine Streets, and two-thirds of the entire square of ground on which it stands, besides leaving the valuable remaining lot, afterwards sold for about \$120,000, for the improvement of the City Hospital and for increasing the capital of the corporation. Rarely has any movement of a philanthropic body effected so much real good to all parties, without taking a single dollar from their vested capital. The history of the last extension is well known to you. Our benevolent citizens, when shown, as it was easy to do, the importance and necessity of the work, promptly came forward and cheerfully gave all the funds required to provide the noble building and fixtures, now the Department for Males, which, with that already in use, has for eight years, been contributing so much to the comfort of the afflicted and the advantage of our own State, as well as to some extent, of other parts of the country. From the beginning, the experience of our hospital has been very decidedly, that the best reliance for a benevolent institution, like this, is the philanthropy and liberality of private citizens. Properly appealed to, there is no reason to fear but that their support will be freely granted. So it has been in the past, and so, I have perfect confidence, it will be in the future.

Insanity is as curable, in its early stages, as most other serious maladies. When it becomes chronic, however, the percentage of recoveries is greatly reduced, even when the patients are placed under favorable circumstances for treatment. While at least eighty per cent. of recent cases, if subjected to the most

enlightened treatment, and that properly persevered in, may be expected to recover,—if the patient is neglected for a whole year, the chances for a restoration are greatly diminished. This, of itself, is a sufficient reason why all these cases should receive the benefits of treatment in their early stages.

No one supposes that every case of mental disorder requires removal from home, but all experience teaches that, for a large proportion of them, such a proceeding is highly important. This simple removal from familiar scenes and associations, with changed habits of life, is often, of itself, sufficient to modify most favorably the diseased manifestations, and recoveries not unfrequently occur from giving up the society of friends, and, it may be, the most luxurious surroundings, for the advantages to be found in a well-conducted institution. The very frequent necessity for this change is one of the painful circumstances connected with insanity. The repugnance to giving up one's friends, when suffering from illness, to the care of strangers, is only natural, and nothing should reconcile us to such a course but the advantages which experience has demonstrated to come from it.

Patients are placed in hospitals for the restoration of their health, for the relief of their families, and for the protection of themselves and the community. The restoration of the patient is, of course, the first and most important object. Nothing should be left undone to secure this result. The advantages of a restored mind are incalculable, and the gain to the community, as a mere matter of political economy, by having useful citizens restored to it, instead of passing their whole

lives in a condition that disqualifies them for performing their duties to society, is not readily estimated.

No one who has known much of insanity in families, can well put too high a value upon the relief that is often given when the care of this class of sufferers is assumed by an institution. It is not simply the great labor and intense anxiety frequently attending such cases, from which they are in a measure relieved, but a patient at home often exercises a moral influence upon others, of an unfortunate character, and which it is extremely desirable to have removed without any unnecessary delay.

The protection to themselves and to society afforded by the insane being under the care of institutions, is much greater than is generally supposed. Scarcely any one who, on investigating this subject, has carefully perused the newspapers for any considerable period, can have failed to be struck with the frequent record of cases of suicide, of homicide, and of frightful injuries to person and property, that would have been entirely prevented had proper attention been given to the persons who were laboring under this sad affliction. The neglect of these cases has generally been from the supposed harmless condition of the patient. Notwithstanding the intensity of the depression that was obvious, or the recognized existence of dangerous delusion, the simple fact of the patient being quiet has led to a neglect in taking steps to secure his restoration, that would have saved him, and prevented all the frightful results that have occurred. Of late such occurrences seem to have been particularly frequent. While writing these remarks, four consecutive numbers of a daily paper lying by me contain more than that number of fatal

occurrences from this cause, that ought not to have happened, while many other persons were placed in most imminent jeopardy.. All these were martyrs to popular prejudice, and the lesson taught—whatever it may do in the future—comes too late to bring back the lost, or to diminish the life-long sorrow of survivors.

The day has passed when any one should speak of insanity being a reproach, or a residence in a hospital a “degradation;” and yet such remarks do occasionally come from unexpected quarters. Insanity is no more a reproach than the delirium of fever, or any other symptom of any other functional disease; and if experience has shown that hospitals offer superior advantages for securing the restoration of health, it would indicate anything but good sense or sound wisdom to fail to avail one’s self of their assistance. If we leave home for travel, or for treatment in ordinary physical disorders, why not do so when we are suffering from insanity? Insanity cured or uncured at home, is nothing more nor less than it is in a hospital, and its existence in one place is no more an injury to a person than in the other. It is too much the custom—a relic of old-time opinions—to make a mystery of insanity, and to attempt, by various devices, to conceal or deny its existence, even when it is really known to nearly every one having any acquaintance with the individual. This knowledge of the existence of a case of this disease is generally quite as widely diffused while at home, as after entering an institution. Certain forms of insanity may really exist without entirely destroying one’s ability to manage business, to appreciate public affairs, or to have a natural interest in the highest family relations. No greater mistake is made than in taking for the type of

the disease, absolute loss of mind, or raving violence. Both of these are found, it is true, and so they are in the delirium of other disorders, the great difference being that they are more temporary in the last case than in the first-named.

Important as it is that patients should come promptly to an institution for treatment, still, on many accounts, it is desirable that they should not do so till the character of the case is clearly made out, and their friends are satisfied that it is the best course that can be pursued. If they are influenced by popular prejudices, let these feelings be removed before they take such a step. If they are desirous of making experiments, let all these be tried before the patient is sent from home. There is risk of loss, it is true; and they must remember that while they are making their experiments, time, and with it, the period for successful treatment is rapidly passing away. When the case is once in the hospital, it asks for the confidence of friends, for all the moral support they can give, and for a reasonable trust that the best that is possible is being done for those who are under its care.

No matter how promptly patients may be placed under treatment, unless this treatment is faithfully persevered in, many cases will either not be well as soon as they ought to be, or will never recover at all. The comparatively chronic character of most cases of mental disorder, and the impatience of the sick and their friends for immediate results, frequently lead to vacillations of opinion, and to experiments which rarely fail to have an unfortunate termination.

A steady, hopeful perseverance in the use of the best means of treatment is, after all, the great secret of suc-

cess in the care of the insane. Good results often come after impatient laborers in this field have ceased to hope for them. There is no stage of a case, unless there is absolute organic disease, in which we should abandon hope. No matter how discouraging the symptoms may seem, the patient should, as far as possible, be placed under the circumstances regarded as most favorable for securing the restoration of the most recent or favorable cases. This is one of the many reasons why separate institutions for the chronic—the so-called incurable—or plans for boarding out patients in families, are so undesirable. Setting aside what I regard as well-established, that there could be no real economy in such a course; it takes from this large portion of the afflicted the great stimulus of hope, and deprives them of many of the means and appliances that help to secure the restoration of the patients, or, when that cannot be accomplished, are still powerful in their agency to prevent a yet lower mental condition; and this, too, without a single compensatory advantage. No real increase of liberty is gained by any of these plans; for liberty, to many of the insane, is synonymous with suffering and exposure. No increased facility for comfort is secured; but the insane lose the kindly supervision and the considerate attention which cannot well be dispensed with, and in many cases suffer from the want of the gentle restraints which are often just as essential to their real happiness as perfect freedom would be in an altered mental condition.

There is always some risk attending the premature removal of patients. Those who are entirely well rarely make difficulty by insisting on being discharged. It is much more commonly those who are only partially

restored, and have not yet realized what has been their past, or is their present mental condition. Patients who are perfectly well often ask to remain, and occasionally spend their time here, instead of travelling or resorting to watering-places. Too early a removal jeopardizes the continuance of a progressive convalescence; and although some do go on improving under these circumstances, the correctness of the general rule is unquestionable. The danger of a relapse when a patient is removed before the recovery is complete, may be a very serious one, for we have no security that this recurrence of the disease will yield to remedies like the original attack; and even if it does, the period of convalescence may be greatly protracted, and the risk of permanent mental injury increased. As I have often remarked, there are cases in which it is difficult to decide exactly when it is safe for a patient to leave the hospital, but in all such instances the patient should have the benefit of the doubt, and be allowed to remain as long as any serious risk is to be apprehended. The true rule is unquestionably that patients should not leave till they not only appear well, but have had time to test somewhat the character of this apparent restoration. The exceptions to the rule are not numerous.

This brings us to the question so frequently asked, and so often carelessly answered by persons who have no experience on the subject: whether injury is not likely to result from a patient being too long detained in an institution? and whether the unavoidable association with other patients while there, is not of itself productive of harm? To these very natural questions I have only to offer the long and somewhat large experience of this Institution; and from that, I have no

hesitation in saying, that my observation has not led me to have any fears of injury from patients remaining too long in this Institution, while the number whom I have known to suffer from being here too short a time has been very considerable.

Persons not familiar with the arrangements of hospitals for the insane, or who are disposed to form a wrong impression in regard to them, often speak as though their patients all lived in common, with associations about as intimate as if there were but a single class in an institution. They seem to know nothing of the thoroughness of the classification in a modern well arranged hospital, or of the fact that the separation of the patients in the different wards may be made almost as complete as of families living in the same square or block of a city. These may never see their neighbors unless they meet them in the streets or in public halls, and when meeting them there, they have no more necessity for communication in the one case than in the other. So far from living in common, there are rarely less than eight distinct classes for each sex, and here, as is well known, since the erection of our new hospital, we have had double that number. The benefits derived from a minute classification are incalculable. Patients are placed together, who, it is hoped, may prove of mutual benefit, and those who are likely to be injurious to one another are separated. But to secure the best results from classification, requires that a certain number of patients should be in an institution, in order that, with enough classes, each one may have a sufficient amount of congenial society. So, too, a certain number is requisite to warrant the provision of all the varied means of occupation and amusement—

many of them very costly—and all the companionship of cultivated sane persons that are desirable in such an establishment. This minute classification, too, diminishes the amount of restraint that is required, and it may not be amiss to say for the information of those who appear to have a different impression, that “prison-like solidity and unavoidable gloom” are no part of the necessities of any well-arranged hospital, large or small—for size has nothing to do with such peculiarities—and few would deny that large, light, and airy rooms, and spacious halls are at least as bright and cheerful as more contracted ones.

While on the subject of classification, and association of patients, it may not be out of place to refer to the latter more particularly, on account of the great service often rendered to their fellow-sufferers by intelligent patients in a hospital. Unable to control their own morbid feelings, they still have the power to administer consolation to others, often with a delicacy, tact, and efficiency quite beyond the ability of many who speak disparagingly of such associations; and while thus benefiting others, they are frequently, perhaps insensibly, but still surely, promoting their own restoration. To many such I have felt under obligations for their efficient and disinterested services, in every year, and in that just past, as much as in any previous one.

To secure to patients all the advantages that are possible, requires a very minute and constant supervision. This should always be thoroughly systematized, and no relaxation in its completeness should be allowed. Efficient, conscientious resident officers must always be the first great reliance, and after them supervisors and companions whose duties are constantly wherever the

patients are, and who are just as valuable in securing to the attendants due credit, for the proper performance of their arduous duties—for untiring kindness and fidelity, are not always appreciated by those on whom they are bestowed—as in preventing wrong, or unkind treatment to those under their immediate care.

For outside supervision of hospitals for the insane, there can be nothing equal to a board of managers or trustees, selected for their high character as citizens—making them above all suspicion of conniving at wrong, or being actuated by any but the purest motives. Regular visits at short intervals from such a board are infinitely more thorough and efficient than any public commission, without special qualifications for the duties, visiting at long periods, and probably selected from political rather than humanitarian reasons, could be. In this connection, I may be allowed to refer to the fact, that in the twenty-seven years this hospital has been under its present organization, there has not been a single week, in which the regular official visit of a committee of the Board has not been made.

It is not possible to please all patients in every stage of their maladies, but it is always possible to do what is right, and a trust in the future for a mental change that will bring with it a just appreciation of actions as well as motives, in a large majority of cases, will be fully realized.

The general principles of treatment of insanity ought now to be well understood. Omitting all those discussions in regard to the pathology and treatment of the disease, which are strictly medical in their character,—and which seem more appropriate to the recognized organs of the profession than to a report intended for

general circulation,—there are still some views in reference to the subject that should be everywhere understood. Many of these are as valuable in the prevention as in the cure of insanity. Prominent among all is a proper care of the general health and a steady determination to avoid violating natural laws and the commission of excesses of every kind. A vigilant care on these points may make one predisposed to this affection, from hereditary or other causes, really less likely to suffer from it, than another with no such predisposition, steadily neglecting them.

The general health therefore is first looked after when a patient enters a hospital. The surroundings are made as pleasant as possible. Unvarying kindness and sympathy are insisted on. Regularity of habits is inculcated; mental and physical occupations of proper kinds, exercise, and indoor as well as outdoor amusements, especial care to secure rest at night, with new scenes and associations, all come in to aid the treatment that is strictly medical, and to replace the irregular habits or vicious modes of life to which the patient has too often been accustomed.

The testimony of patients in regard to hospitals or to occurrences during their illness is not always to be relied on. To some this period is a blank; with some everything is recollected, in the minutest details; with others there is such a mixture of fact and delusion, that little is to be gained from their testimony. With one class their statements are entirely reliable, but with others, with seeming candor, there is the most striking perversion of truth. A few patients who seem to have recovered, still continue to have confused ideas of occurrences during their sickness, and appear to recol-

lect only what was painful during these dark hours, and never forgive their friends, or those who were about them, for what was done during this period. This number, however, fortunately, is very small, for their activity and pertinacity often make them the instruments of much unfounded suspicion, and great injustice.

The great majority of cases who recover, however, have no unpleasant recollections of their hospital life. The letters of grateful thanks that are constantly being received, the visits of patients with their children, and dearest friends, their reiterated requests that if such a misfortune should again occur, no time should be lost in sending them back, and their interest in whatever seems likely to promote the welfare of the hospital and its patients, are among the most pleasant returns that those who conduct these institutions receive for their labors. These are also the best answers that can be made to the unfounded insinuations or charges of wrong doing that come most frequently from persons whose ideas are derived from parliamentary reports in regard to private English houses nearly a century ago, or from works of fiction, where, to produce a sensation, fancy is allowed to take the place of fact, or from individuals who still labor under uncured delusions.

As hospitals for the insane are generally constituted in this country, their officers can have no motive to receive improper cases, or to retain any one unjustly. They will, indeed, be found the truest and best friends of the insane. There are certain doubtful cases in which it would be, to these officers, a satisfaction to be relieved from their care entirely, as it would also be to have legal proceedings instituted before the patient is sent from home, but in my experience their number is

not more than one or two per cent. of all who are admitted; and the question immediately arises whether it would be right, on account of this small number of doubtful cases, to subject the whole ninety-eight or nine for whom nothing of the kind is required, to all the publicity, annoyance, and expense of such a proceeding.

Such preliminary proceedings as have been occasionally proposed for all cases, would certainly sacrifice many valuable members of the community by depriving them of the advantages of treatment, in the most curable stage of the disease, and would exclude most of those who come voluntarily, making, as they often do, all their own business arrangements.

For these reasons any legislation that tends to throw needless difficulties in the way of patients gaining access to hospitals is a public misfortune, and ought to be sedulously guarded against.

There are occasionally cases in which there is really difficulty in arriving at once at a positive conclusion as to their character; but such as these are not to be determined by casual visitors, nor by a few minutes' conversation, when the individual is on his guard, but by a patient study of the case, a familiarity with its whole history, and possibly a somewhat protracted observation, under favorable circumstances, by persons familiar with such investigations. Any other course is quite as likely to be wrong as right in its conclusions.

Differences of opinion will occasionally arise in regard to the period during which a patient should remain under hospital care, but when others—either their friends or the courts—are willing to assume the responsibility of a discharge, it is often a relief to the officers of hospitals to have such a case taken from under their control. Of all such cases that have occurred here and

been referred to the courts, it is no small satisfaction to be able to say, that the officers of the hospital and the courts have in nearly every instance been perfectly in accord. In the three instances in which they did not entirely agree, it was not in regard to the insanity of the individuals, but in reference to the propriety of a discharge. The single case, in which a patient was discharged because there seemed a doubt of the existence of insanity, was received here, on the written request of one of the highest law officers of the State, and after a commission of lunacy had been granted by a judge distinguished alike for his high legal attainments and his care of the rights of his fellow-men. The death of the patient soon afterwards prevented a decision by the jury impanelled to try the case, so that whether there really was insanity enough to justify the proceedings of the friends will never be known.

Allusion has been made in previous reports to what may seem to be exceptions to some of the propositions already made, and these are cases of habitual intemperance. This sometimes is a mental affection—sometimes it is only a vice. Members of the legal as well as the medical profession often differ in regard to these. All such, even if doubtful, that come here in proper form, are received as a favor, and as a favor only are they retained. When the patients second the officers in their efforts, as, I am sorry to say, is too rarely the case, great good has occasionally resulted. Unless the intemperance is really a symptom of insanity, as the laws now stand, those who suffer in this way can hardly be restored by a temporary residence in any institution, and temporary it is commonly only likely to be.

It is not always easy, or even possible, to satisfy patients that their admission to an institution is either

necessary, proper, or legal, and it is now and then suggested that other than the ordinary modes of admission are desirable. Without at this time attempting any formal discussion of this point, it may safely be assumed that the more rigorous the rule adopted, the more thoroughly are the officers of these institutions protected in the performance of their duties; so that whatever is said here will be specially in regard to the best interests of the insane. After more than thirty years' experience among the insane, and with a personal knowledge of considerably more than five thousand patients, I am glad to be able to assure those who have fears to the contrary, that, with a careful scrutiny, I have not discovered anything, even in cases of doubtful insanity, to make me believe that the friends of patients have been actuated by improper motives, and so far from there being a prevalent disposition with the public to confine those connected with them unnecessarily, the error is in exactly the opposite direction—a desire to keep them at home longer than is right or prudent, and the losses thereby sustained have already been referred to. There are cases, certainly, where there is room for an honest difference of opinion, and the officers of hospitals are often able to impart new views to those who may, without any improper motive, have come to a questionable conclusion.

In reference to the mode of admission of patients to these institutions, it may be stated, that the form originally established by this hospital, in 1751, has not led to abuses, but has greatly facilitated the efforts to secure for the afflicted proper and prompt treatment, without being subjected to painful exposure and needless expense. So striking has this been that it has been recognized by the highest legal authorities of the State,

as consonant with "the great law of humanity," and, from long usage, as having really become a part of the common law, while two conventions that framed constitutions for the State, and the law-makers ever since 1751 have deemed it so satisfactory, that no material changes have ever been made. Other more costly and troublesome arrangements have occasionally been proposed, but the objections have thus far appeared so much greater than their advantages, as to prevent their adoption. While some persons speak only of the possibility and probability of improper admissions and unnecessary or unjust detentions in hospitals, I desire simply to state what has been my own experience of the facts of the case, in the past, and to express my belief that there is no reason to anticipate anything different in the future.

THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—Among the pleasant incidents of the past year, was the visit of this association to our institution, spending, as it did, a day and evening in the examination of its arrangements and fixtures, and in social intercourse, as well as in holding regular meetings for business. It will hardly be questioned, but that this body of physicians are specially qualified to judge of the excellence of the organization and arrangements of a hospital for the insane; and their unsolicited and very decided commendation of what has been done here, could not but be gratifying, not alone to the officers of the institution, but also to that large body of benevolent men and women whose generous liberality has furnished the means for carrying out so fully the principles on which the Hospital was established and has always been conducted.

The good effected by the association since its establishment has been so great, that I cannot but urge upon the governing boards of all our institutions for the insane, the importance of having them represented at every one of its annual meetings. It seems hardly possible for a superintendent to attend one of these meetings, without the institution with which he is connected deriving a positive benefit from his presence there, and no expenditure is likely to bring better returns than that which secures such a representation.

The first meeting of this association was held in Philadelphia, in 1844, and it has since had twenty-one meetings, all being annual, with a single exception. It cannot but be particularly gratifying to those who were instrumental in its origin, to know how often it has been quoted as authority, how valuable its influence has been, in aiding to establish new hospitals, and in fixing the principles which should govern legislative and other bodies in regard to their construction, organization, and general management. There is no part of this country which has not, to a greater or less extent, felt the good influence of this association, which, in my estimation, has, during the past twenty-three years, done more to promote the best interests of the insane in America, than all other causes combined.

THE NECESSITY FOR FURTHER PROVISION FOR THE INSANE.—Although this hospital continues to have abundant room for all who apply, and to enjoy the great comfort and advantage of spare rooms in the wards, still the urgent need for further State provision for the Insane in Pennsylvania,—referred to in my last report, as coming under the notice of the officers of this institution,—has been greatly increased during the past year, and the

official announcement from the State Hospital at Harrisburg, of the crowded condition of that institution, and its inability to receive certain classes of patients, has given notice to the citizens of the whole commonwealth, how inadequate is the present provision for that portion of this unfortunate class of our fellow-men who look to the public for relief. The reasons for early action by the State Legislature in the establishment of other hospitals, may be briefly stated to be—that cases recently occurring should be promptly cured, instead of being allowed to become chronic for want of proper care, for to do this is always economy,—that the chronic should be humanely cared for—that jails and almshouses shall no longer be made receptacles for the afflicted,—and that the suffering now existing in private dwellings, and in isolated structures in various parts of the State, should be hereafter unknown in our good old commonwealth. This course, too, seems important as the only mode to prevent counties from attempting to take charge of their own insane by putting up supplementary buildings near the almshouses, for when the number of cases is not large enough to justify all the arrangements, and the organization of a regular hospital, as marked out in the propositions of the association of superintendents, such an attempt is to be reprobated as unfortunate for the insane, and ultimately not less so for the community. It is to be hoped that the time is not far distant, when every State will recognize among its duties that of making adequate provision for all its insane, and that this can be done only in hospitals fully up to the knowledge of the times. A few of the States have started with this determination, and the progress already made in this direction, during the past year or two, is certainly of a very encouraging character. The plea frequently made

that this never has been done, and will not be, is answered by the official announcement that Kentucky has already done it, and that Ohio has made the appropriations that will secure these advantages to all of her insane. All honor to the pioneers in this work, whose example no other State should hesitate to follow!

It is to be hoped that no fanciful theories will anywhere lead to the erection of anything but institutions curative in their character. What is best for recent cases is also best for the chronic, and the best hospital, is always the most economical in results. With a properly extended classification there can be no objection to all classes being cared for on the grounds of the same institution. The chronic would then have at little cost what would otherwise be denied them, and instead of being inmates of receptacles too often a reproach to the age in which we live, would have all the advantages of enlightened Christian treatment.

CONCLUSION.—The period embraced in this report completes the twenty-seventh year of the Pennsylvania Hospital for the Insane in its present location, and the eighth year since the separation of the sexes was secured, by giving to each a distinct building and pleasure grounds. In no previous year have the advantages of these new arrangements been more manifest than in that just passed. Never before had the hospital as many patients under care, or been able to report as many restored to health, their families, and to usefulness,—while all this has been accomplished without any resort whatever to the income from the vested funds of the corporation. The capacity and means for usefulness of the hospital are steadily increasing, and it relies with unabated confidence on the intelligence, benevolence and

liberality of our community for whatever may be needed to enable it to meet the steadily augmenting wants of the afflicted, whose ratio to the population does not seem likely to diminish. With equal faith, it has the same reliance for all that is necessary for steadily adding to the means that will enable it to extend its advantages to the indigent, and to give to all, everything that will add to their comfort and increase the chances of their restoration. The field for progress is large enough and abundant means will show as valuable fruits as ever.

It is sometimes asked why so many persons in our community have taken such an active interest in promoting the welfare of the insane, and have given so liberally to secure improved arrangements for their treatment, and to extend the benefits of our institution to those who, unaided, could not participate in its advantages. This question is readily answered. Reflecting men, when their attention was directed to the subject, soon saw that this provision was for no special class among us—for no sect or calling—that rich or poor, high or low were equally interested, when afflicted with mental disorders, and that while money would minister to the wants of those suffering from ordinary sickness at their own homes, it could not there give what was needed in cases of insanity. It was this conviction, joined in several instances to a very careful personal examination of what was being done at the hospital, which led some of our largest benefactors, such as Abraham Miller, John Wright, Joseph Fisher, and George Ord, to contribute so liberally in aid of the insane, in the disposition of their estates; and it might be added, it was this same conviction too that secured us the liberal contributors to whom our community will ever be indebted for the new hospital, and for all the im-

proved arrangements of the whole department of which their afflicted fellow-citizens have for eight years been reaping the benefits.

It is not really for the hospital that our appeals are made. No one connected with it has a greater personal interest in its success, than every other member of the community should have. These appeals are for the afflicted among us—for those that are so now, and for those who are to be so in the future. Who these last may be, no human foresight can tell. We only know that in the past not a few have participated in the advantages of the institution who had never dreamed of doing so, and that no one can claim exemption from the conditions that compel the afflicted to resort to this hospital for relief. Even if we could claim exemption, we ought to feel desirous of having our less fortunate neighbors just as well provided for as we would ask for ourselves, under similar circumstances.

For all our blessings, and for that protection which has guarded us from so many dangers in the past, renewed acknowledgments are due to the bountiful Giver of every perfect gift. Reverently invoking the guidance of Divine Providence and His blessing on our labors in the future, I again commend the institution with all its varied interests to your friendly regards, and to the generous remembrance of an enlightened people, with unabated faith, that benevolent, liberal men and women, who dispassionately examine the subject,—no matter of whom else they may think,—cannot entirely forget the insane.

THOMAS S. KIRKBRIDE.

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c, can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____ M. D.

_____, 1868.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ }
_____ 1868.

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, _____ dollars _____ cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove _____ when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the _____ day of _____, 1868.

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *pre-meditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

THE HOUSE OF REPRESENTATIVES, WASHINGTON, D. C.





PENNSYLVANIA HOSPITAL FOR THE INSANE.

PUBLISHED BY T. F. W. HENNING.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1868.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1869.

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OFFICERS OF THE INSTITUTION.

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Department for Females.

ASSISTANT PHYSICIAN.

WILLIAM P. MOON, M. D.

STEWARD.

JONATHAN RICHARDS.

MATRON.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN obedience to the requirements of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his twenty-eighth Annual Report.

At the date of the last report there were 344 patients in the Institution, since which 251 have been admitted and 259 have been discharged or have died, leaving 336 under care at the close of the year.

The total number of patients in the hospital during the year was 595. The highest number at any one time was 365; the lowest was 334; and the average number under treatment during the whole period was 350, or 170 males and 180 females.

The number of males in the hospital during the year was 297, and the number of females was 298. The highest number of males at any one time was 177, and the highest number of females was 188. At the beginning of the year there were 172 males, and 172 females. At this date there are 166 males and 170 females. The number of males admitted during the year was 125, and the number of females 126.

Of the patients discharged during the year 1868, were—

	Males.	Females.	Total.
Cured	47	59	106
Much improved	4	10	14
Improved	27	27	54
Stationary	37	9	46
Died	16	23	39
	<hr/>	<hr/>	<hr/>
Total	131	128	259

Of the patients discharged "cured," forty-two were residents of the hospital not exceeding three months; twenty-nine between three and six months; twenty between six months and one year; and fifteen for more than one year.

Of those discharged "much improved," three were under treatment less than three months; four between three and six months; four between six months and one year; and three for more than one year.

Of the "improved," nineteen were under care less than three months; eleven between three and six months; seven between six months and one year; and seventeen for more than one year.

Of those discharged and reported "stationary," nine were under care less than three months; eleven between three and six months; fourteen between six months and one year; and twelve for a longer period than one year.

Sixteen males and twenty-three females have died during the year. Of these deaths, six resulted from acute mania; nine from organic disease of the brain; nine from the exhaustion of chronic mania, frequently accompanied by a persistent refusal of food; three from old age; two from suicide, one of them occurring while under the charge of friends; five from consumption;

two from apoplexy; two from chronic melancholia; and one from cancer.

Of the patients who died, fourteen were admitted for mania; nine for melancholia; and sixteen for dementia.

Of those who died, eight were in the hospital less than one month; six between one and three months; seven between three and six months; six between six months and one year; two between one and two years; four between two and three years; three between four and five years; one for seven years; one for eight years, and one for more than twenty-six years. While there has been a remarkable exemption from ordinary sickness, there has been in the hospital during the year just closed an unusual number of aged and infirm persons, and of cases laboring under organic disease of the brain, and the mortality has for this reason been somewhat above the usual average.

The results of treatment during the past year go to confirm—what is really too well established to need further confirmation—the importance of early treatment, the danger of premature removals, and most strikingly the reward which so often comes from a steady persistence in treatment, even when small results seem likely to be realized. It will be seen that of the recoveries, fifteen were under treatment here for more than a year, and one was in the hospital for nearly four years; one for nearly five; while one case was perfectly restored, after the disease had lasted in an unfavorable form for more than six years; and two had reached a very discouraging stage of dementia before their admission.

During no one of the twenty-eight years that have passed since the opening of this hospital, has it received more marked evidence of the confidence of the medical

profession, of those specially interested in the welfare of the insane, of the friends of those who are and who have been patients, and what is most gratifying of all to record, of patients themselves, and of the not inconsiderable number who have voluntarily sought the advantages offered by the Institution. Coming as these marks of confidence have, not from our own State alone, but also from various and distant sections of the country, it would seem only proper that on this occasion I should acknowledge the feelings of pride and gratitude, with which such proofs of a generous appreciation of all that has been done to ameliorate the condition of the insane, have been received, and add the assurance that nothing could more certainly stimulate efforts in the same direction in the future.

While unfortunately it is not possible by any efforts to satisfy all who are outside of hospitals, or to make every one laboring under mental disorder, whether in or out of them, believe that the means these institutions offer are the best for the restoration of nearly all cases of insanity,—still the most cheering words of encouragement that ever reach those engaged in this work, always have and always will come from restored patients and their families, from those familiar with the whole subject of insanity, and from those whose constant and intelligent inspections of what is being done give them a positive knowledge not possessed by others. At the same time, while those whose official positions make them specially liable to be assailed, and to have their motives impugned as well as their acts misrepresented, conscious of their own integrity, may well look upon all such calumnies with silent contempt,—still it is a source of regret that now and then an individual,—one

who has probably never seen a dozen insane persons in his whole life, or who has never been inside of a hospital, or if he has, has left it without being cured,—by persistent and extravagant declarations, has been able to excite distrust when there should only be confidence, and has led persons who have not had opportunities for arriving at the truth, to leave their friends without proper treatment, till the best period for it has passed, or to remove patients just at the time when all that they have gained is placed in jeopardy, and thus ultimately render necessary a much longer stay from home than would otherwise have been required.

Great as these evils may be, as has been said on other occasions, they can only be corrected by the general diffusion of a sound knowledge in regard to the disease itself and of institutions for its treatment, and by intelligent men, seeking their information from personal examinations and a study of works that are fully up to the knowledge of the day, instead of,—as has too often been the case—forming their opinions from histories of the old English private houses of the last century or beginning of this, and the parliamentary reports in regard to them, or from the crude notions of writers of the same period. Nor must men who wish to be impartial, allow their judgments to be biased by the creations of a vivid imagination on the part of those who write sensational stories, and be led to receive these fictions as facts, or assume that their supposed possibilities are actual realities, any more than they should be influenced by the unfounded charges,—often too preposterous to justify a formal contradiction,—that must come either from wilful ignorance, malice, or delusion.

STATISTICAL TABLES.—As usual, these statistical tables embrace all the cases admitted since the opening of the hospital in 1841. They have been prepared with the usual care, and are as nearly correct as the means at our command could make them.

With the exception of a single one,—that of supposed cases,—these tables refer to matters of fact, about which, there can hardly be a question, and as such they cannot but have a real value—quite sufficient to compensate for all the trouble of preparing them.

The large number of cases, the causes of which are reported as unknown, indicate how many of those given by friends, have to be rejected.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	2815	2500	5315
Discharges	2649	2330	4979
Remain	166	170	336

TABLE II.—*Showing the ages of 5,064 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	195	156	351
Between 10 and 15	8	15	23	“ 55 and 60	121	104	225
“ 15 and 20	150	154	304	“ 60 and 65	108	81	189
“ 20 and 25	414	354	768	“ 65 and 70	38	61	99
“ 25 and 30	433	397	830	“ 70 and 75	34	39	73
“ 30 and 35	354	331	685	“ 75 and 80	18	14	32
“ 35 and 40	392	293	685	“ 80 and 85	3	6	9
“ 40 and 45	284	279	563	“ 85 and 90	—	—	—
“ 45 and 50	261	212	473	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 2,815 male patients.*

Farmers	366	Tanners	6
Merchants	274	Artists	20
Clerks	231	Hairdressers	2
Physicians	54	Police Officers	8
Lawyers	56	Machinists	50
Clergymen	29	Plane-maker	1
Masons	21	Iron-masters	2
Umbrella-makers	3	Weavers	30
Printers	29	Bricklayers	11
Teachers	43	Brickmakers	5
Officers of the Army	10	Sail-makers	6
“ “ Navy	16	Coopers	3
Students	55	Jewellers	14
“ of Medicine	16	Potter	1
“ of Law	7	Chair & Cabinet makers	27
“ of Divinity	9	Blacksmiths	34
Saddlers	14	Watchmakers	6
Peddlers	15	Hotel Keepers	34
Tobacconists	24	Second-hand dealers	3
Carpenters	89	Cap Manufacturer	1
Bakers	15	Locksmiths	3
Seamen and Watermen	57	Millers	15
Planters	29	Glassblowers	3
Manufacturers	61	Wheelwrights	6
Coachmen	5	Gardeners	13
Druggists	29	Chemists	5
Laborers	215	Print Cutters	2
Engineers	16	Curriers	2
Plasterers	14	Tailors	40
Bank Officer	1	Shoemakers	89
Conveyancers	6	Brokers	7
Bookbinders	11	Waiter	1
Hatters	9	Stove-makers	3
Rope-makers	3	Dentists	3
Tinmen	19	Victuallers	15
Painters	24	Soldiers U. S. A. . . .	19
Brush-makers	2	Brewers	3
Paper-hangers	2	Coach-trimmers	2
Boat-builder	1	Auctioneers	2
Carver	2	Plumbers	3
Confectioners	13	Type Founders	2
Coach-makers	8	Telegraph Operators	2
Public Officers	4	Whip-maker	1
Shipwrights	2	Silversmiths	2
Collector	1	Photographer	1
Nurses	2	Wire-worker	1
Soap-maker	1	Upholsterers	3
Contractor	2	Drovers	3
Authors	2	No occupation	383

TABLE IV.—*Showing the occupation of 2,500 female patients.*

Seamstresses, or Mantua-makers	240	Wives of Machinists	28
Storekeepers	25	“ Masons	2
Attendants in stores	15	“ Painters	2
Cigar-makers	3	“ Stage Owners	2
Teachers	65	“ Cutler	1
Domestics	255	“ Bank Officers	8
Nurses	19	“ Innkeepers	28
Artists	4	“ Book-binders	3
Factory Girls	6	“ Tinmen	2
Physician	1	“ Editors	4
Sister of Charity	1	“ Plasterers	4
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Engineers	11
<i>Daughters of Farmers</i>	120	“ Artists	10
“ Merchants	141	“ Bricklayers	2
“ Masons	4	“ Paper-makers	2
“ Bank Officers	5	“ Collectors	5
“ Weavers	19	“ Brickmakers	4
“ Laborers	18	“ Seamen	13
“ Sea Captains	4	“ Merchants	158
“ Auctioneer	1	“ Physicians	15
“ Innkeepers	5	“ Lawyers and Judges	31
“ Teachers	11	“ Shoemakers	33
“ Carpenters	11	“ Hatters	5
“ Paper-makers	2	“ Cabinet-makers	17
“ Physicians	12	“ Laborers	144
“ Planters	20	“ Grocers	7
“ Watchmaker	1	“ Clergymen	22
“ Curriers	3	“ Tobaccoconists	5
“ Clerks	28	“ Weavers	11
“ Engineer	1	“ Sea Captains	2
“ Clergymen	18	“ Victuallers	8
“ Miller	1	“ Brush-makers	2
“ Public Officers	21	“ Tailors	18
“ Officers of Army	2	“ Millers	7
“ “ Navy	1	“ Police Officers	7
“ Lawyers	16	“ Carpenters	34
“ Machinists	5	“ Druggists	14
“ Bricklayers	2	“ Planters	10
“ Chair-maker	1	“ Peddlers	6
“ Manufacturers	10	“ Manufacturers	46
“ Tailors	7	“ Broker	1
“ Waterman	1	“ Tanners	10
“ Bakers	4	“ Officers of the Army	9
“ Printers	4	“ “ Navy	1
“ Shoemakers	4	“ Plumbers	3
“ Druggist	1	“ Blacksmiths	9
“ Artists	3	“ Bakers	4
“ Brickmaker	1	“ Confectioners	3
“ Blacksmiths	2	“ Hair-dresser	1
“ Dentists	2	“ Contractors	3
“ Victualler	1	“ Dentists	3
Of the <i>Married</i> similarly situated, were—		“ Watchmakers	4
Wives of Clerks	60	“ Public Officers	4
“ Teachers	12	“ Brewers	2
“ Farmers	203	Of the <i>Widows</i> similarly situated, were—	
“ Brass Founders	4	Widows of Merchants	48
“ Gardeners	6	“ Physicians	13
“ Saddlers	4	“ Public Officers	11
“ Printers	5	“ Sea Captains	5
		“ Hotel Keepers	6
		“ Shoemakers	21

TABLE IV.—*Continued.*

Widows of Clergymen . . .	4	Widows of Bricklayers . . .	2
“ Farmers . . .	53	“ Painters . . .	2
“ Coopers . . .	3	“ Seamen . . .	7
“ Laborers . . .	34	“ Engravers . . .	2
“ Manufacturers . . .	14	“ Engineers . . .	4
“ Lawyers . . .	4	“ Machinists . . .	4
“ Carpenters . . .	5	“ Mason . . .	2
“ Clerks . . .	13	“ Printer . . .	1
“ Tanner . . .	1	“ Blacksmith . . .	1
“ Teachers . . .	2	“ Baker . . .	1
“ Planters . . .	6		

TABLE V.—*Showing the number of single, married, widows, and widowers in 5,315 patients.*

	Males.	Females.	Total.
Single	1432	1038	2470
Married	1258	1141	2399
Widows	—	321	321
Widowers	125	—	125

TABLE VI.—*Showing the nativity of 5,315 patients.*

Natives of Pennsylvania	2877	Natives of Canada	15
“ New Jersey	255	“ France	15
“ Delaware	124	“ England	222
“ Maryland	148	“ Scotland	34
“ Virginia	73	“ Ireland	680
“ North Carolina	45	“ Germany	296
“ South Carolina	46	“ Poland	8
“ Georgia	22	“ Prussia	11
“ Alabama	15	“ Switzerland	6
“ Tennessee	17	“ Bermuda, W. I.	2
“ Indiana	5	“ Jamaica, “	1
“ Kentucky	25	“ St. Domingo, “	4
“ D. of Columbia	15	“ Barbadoes, “	4
“ Maine	13	“ Cuba, “	5
“ Massachusetts	53	“ Guadaloupe, “	1
“ Connecticut	33	“ Martinique, “	1
“ Missouri	7	“ St. Croix, “	1
“ Ohio	23	“ St. Thomas	1
“ New Hampshire	8	“ Isl. of Madeira	1
“ Louisiana	17	“ Isle of Man	1
“ Rhode Island	10	“ Spain	1
“ New York	138	“ Italy	1
“ Mississippi	7	“ Denmark	3
“ Vermont	3	“ Holland	2
“ West Virginia	3	“ Austria	4
“ Michigan	1	“ Bavaria	2
“ Iowa	1	“ Venezuela, S. A.	1
“ Texas	1	“ Norway	1
“ Illinois	1	“ Costa Rica	1
“ Sicily	1	Born at Sea	1
“ Nova Scotia	2		

TABLE VII.—*Showing the residence of 5,315 patients.*

Residents of Pennsylvania	4442	Residents of Iowa	6
“ New Jersey	164	“ Connecticut	6
“ Delaware	97	“ Maine	3
“ Maryland	113	“ Rhode Island	5
“ Virginia	55	“ New York	97
“ West Virginia	4	“ Florida	1
“ D. of Columbia	24	“ Wisconsin	1
“ North Carolina	40	“ California	3
“ South Carolina	31	“ Oregon	1
“ Georgia	23	“ Minnesota	1
“ Alabama	17	“ Kansas	1
“ Louisiana	28	“ Jamaica, W. I.	1
“ Tennessee	12	“ Barbadoes, “	4
“ Kentucky	19	“ Cuba, “	7
“ Arkansas	3	“ St. Croix, “	1
“ Mississippi	9	“ St. Thomas “	2
“ Vermont	2	“ Isl. of Madeira	1
“ Texas	6	“ Germany	2
“ Illinois	9	“ Venezuela, S. A.	2
“ Michigan	3	“ England	1
“ Ohio	29	“ Norway	1
“ Indiana	12	“ Costa Rica	1
“ Missouri	12	“ Mexico	1
“ Massachusetts	11	“ Canada	1

TABLE VIII.—*Showing the supposed causes of insanity in 5,315 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	500	432	932	Want of employment	38	1	39
Intemperance . .	357	32	389	Mortified pride .	2	1	3
Loss of property .	133	42	175	Celibacy	1	—	1
Dread of poverty .	3	2	5	Anxiety for wealth	2	—	2
Disappointed affections	28	45	73	Use of opium . .	8	11	19
Intense study . .	35	10	45	Use of tobacco . .	6	1	7
Domestic difficulties	39	67	106	Use of quack medicines	2	1	3
Fright	13	23	36	Puerperal state. .	—	198	198
Grief, loss of friends, &c.	68	203	271	Lactation too long continued . .	—	10	10
Intense application to business . .	33	8	41	Uncontrolled passion	5	7	12
Religious excitement	69	97	166	Tight lacing . . .	—	1	1
Political excitement	12	—	12	Injuries of the head	62	6	68
Metaphysical speculations	1	—	1	Masturbation . .	72	—	72
Want of exercise .	6	2	8	Mental anxiety .	132	206	338
Engagement in duel	1	—	1	Exposure to cold .	3	1	4
Disappointed expectations	6	12	18	Exposure to direct rays of the sun .	47	2	49
Nostalgia	—	6	6	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	6	—	6
				Old age	—	1	1
				Unascertained . .	1122	1071	2193

TABLE IX.—*Showing the ages at which insanity first appeared in 5,315 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	13	4	17	Between 45 and 50	205	168	373
Between 10 and 15	44	48	92	“ 50 and 55	124	117	241
“ 15 and 20	267	267	534	“ 55 and 60	90	93	183
“ 20 and 25	524	448	972	“ 60 and 65	67	49	116
“ 25 and 30	477	443	920	“ 65 and 70	22	17	39
“ 30 and 35	339	329	668	“ 70 and 75	16	11	27
“ 35 and 40	353	252	605	“ 75 and 80	10	5	15
“ 40 and 45	263	243	506	“ 80 and 85	1	6	7

TABLE X.—*Showing the forms of disease, for which 5,315 patients were admitted.*

	Males.	Females.	Total.
Mania	1246	1161	2407
Melancholia	639	811	1450
Monomania	412	321	733
Dementia	506	202	708
Delirium	12	5	17

TABLE XI.—*Showing the duration of the disease at the time of admission in 5,315 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . . .	1415	1396	2811
Between 3 and 6 months . . .	206	176	382
“ 6 months and 1 year . . .	344	285	629
“ 1 and 2 years	347	242	589
“ 2 and 3 “	153	108	261
“ 3 and 4 “	84	63	147
“ 4 and 5 “	60	44	104
“ 5 and 10 “	102	93	195
“ 10 and 15 “	45	40	85
“ 15 and 20 “	22	25	47
“ 20 and 25 “	16	13	29
“ 25 and 30 “	10	9	19
“ 30 and 35 “	3	3	6
“ 35 and 40 “	4	—	4
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 5,315 cases.*

	M.	F.	T.		M.	F.	T.
First attack	2030	1769	3799	In the <i>periodical</i> cases,			
Second "	437	419	856	10th 3 m. 6 f., 11th 2 m. 4 f.	5	10	15
Third "	136	153	289	12th 2 m. 3 f., 13th 1 m. 2 f.	3	5	8
Fourth "	74	64	138	14th 1 m. 3 f., 15th 1 m.	2	3	5
Fifth "	37	35	72	16th 1 m., 17th 2 m. . . .	3	—	3
Sixth "	51	11	62	18th 4 m., 19th 2 m. . . .	6	—	6
Seventh "	15	5	20	20th & 21st each 1 m. & 1 f.	2	2	4
Eighth "	8	8	16	22d 1 m., and to 26th each 1 f.	1	5	6
Ninth "	5	4	9	27th 2 f., 29th 1 f. . . .	—	3	3
				30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 4,979 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured . . .	1296	1249	2545	1427	720	334	62	2
Much improved . .	172	238	410	176	146	64	24	—
Improved . . .	426	380	806	292	236	124	154	—
Stationary . . .	400	204	604	193	130	93	187	1
Died . . .	355	259	614	260	126	31	183	14

TABLE XIV.—*Showing the number of admissions, discharges, cures and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month . . .	410	422	185	60
2d " . . .	410	276	141	42
3d " . . .	479	393	202	47
4th " . . .	517	378	183	56
5th " . . .	514	458	226	55
6th " . . .	524	441	218	39
7th " . . .	423	475	242	62
8th " . . .	424	467	252	63
9th " . . .	414	415	227	54
10th " . . .	431	434	232	45
11th " . . .	390	414	211	43
12th " . . .	379	406	226	48

GARDENS AND PLEASURE-GROUNDS.—The vegetable garden, at each department, has continued to furnish an abundant supply of the finest vegetables of most varieties for the use of the Institution, while that at the Department for Males offers to those accustomed to such a pursuit, or those who wish to derive the advantages of exercise in the open air, one of the very best kinds of labor that can be provided about a hospital for the insane. The flower gardens, too, have been a source of pleasure to many patients, who were not able or inclined to engage in a more laborious occupation; and the extent of these might be profitably increased. The pleasure-grounds, large as they are, containing more than ninety-one acres in all, could not, without disadvantage, be reduced a single foot, and the nearly four miles of dry walks and drives, which are now in use at both departments nearly every day in the year, are a source of pleasure and advantage to a large majority of all the patients.

WORKSHOPS AND MECHANICAL DEPARTMENT.—Every hospital should provide facilities for mechanical employments. When patients have a fondness for such pursuits, there is hardly any occupation that gives more satisfaction or is more useful. Without expecting, therefore, a very large number to engage in mechanical occupations, or allowing pecuniary profit to enter into the calculation as to the desirableness of these provisions, they should always be ample, and of a kind that will offer the greatest inducements for their being used. Light and cheerful work-rooms, comfortably warmed in winter, with a full supply of good tools, turning-lathes, etc., are always desirable. Many patients take plea-

sure in assisting the regular mechanics about a hospital, and there is scarcely ever a time when there are not cases, that illustrate very conclusively how possible it is to suffer from mental disturbances, and yet retain the ability to do good work, and to originate plans that are both ingenious and useful.

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—Undiminished interest continues to be felt in the evening entertainments, and everything consistent with the means at our command is done to add to their variety, and to render them still more pleasing and profitable to the inmates of the Hospital. The twenty-third annual course was carried out during the full nine months of its continuance, without any abatement; and during the three months' vacation, besides the exercises of the gymnastic class, there were also occasional entertainments of a varied character. At the Department for Females, in these entire nine months, during which the regular course continues, there was not a single evening on which there was not something done for the special gratification of the patients. As during the previous year, the first evening of every week was devoted to reading from the Bible, and sacred music in the lecture-room; on two, there were gymnastic exercises and other amusements in Gymnastic Hall; on three, exhibitions of dissolving views, with our excellent apparatus, lectures or concerts in the lecture-room; and the remaining evening, as during the last year, was devoted to tea-parties in the officers' apartments in the centre building. The same course is pursued, in a great measure, at the Department for Males, with the exception that, instead of the

regular light gymnastic exercises and the tea-parties, the gentlemen, on these particular evenings, devote themselves more to reading, playing billiards, ten-pins, and the great variety of games that are in use at that branch of the Institution.

The stock of pictures for the dissolving views has been gradually increased, and mainly by special contributions for that purpose from friends who have appreciated the importance of amusements for the insane, and by other liberal parties loaning from their own private collections; so that, if we had chosen, we need not have had repetitions on a single evening.

The tea-parties, in which the officers and their families always participate, have been very successful; and while a source of real enjoyment to a very large proportion of all the patients, have also produced a moral influence, the beneficial effect of which has been unquestionable. There are generally about thirty at one of these parties; no ward is overlooked, and even from those in which are the most excitable patients, a large proportion is commonly present, and the gratification experienced is hardly less than with those who come from portions of the house where there is much less mental disorder.

The great increase of means for evening occupations and amusements that has been made, has not diminished, in any way, the variety or extent of the provision for the remaining hours of the day. The riding inside and outside of the inclosures, the almost universal walking in the open air, morning and afternoon, and all the other resources detailed some years ago, in the history of a hospital day, are still thoroughly continued, and in some instances have been considerably increased.

It is only by firmly insisting on having everything of this kind, either for day or evening, carried out with perfect regularity, and by a constant care in devising new objects, that any one can fully realize the great benefit that is derived from them by the patients. Nothing but the most unusual circumstance should ever be regarded as a sufficient reason for the omission of anything that belongs to this class of hospital arrangements; and it should always be expected that there will be sufficient ingenuity to provide, at short notice, some substitute for anything that may have failed to be practicable at the anticipated time.

LIGHT GYMNASTICS.—Our estimate of the value of these exercises has been increased during the past season, and the class has continued its interest in them, without any abatement, from the beginning to the end of the year, twice a week during the regular course of nine months, and once a week during the summer vacation.

The entire success that has attended the introduction of light gymnastics into this hospital is very satisfactory, and for this result much is due to the efficient leaders of the class, to many of the attendants and patients, who with an enlightened appreciation of the importance of a cultivation of the physical powers for all, have also understood how valuable these evenings are to many who do not engage directly in the exercises. Without our beautiful gymnastic hall, however, in which these exercises are performed, there could never have been such a thorough conviction of their value, nor could they have been made what they have been, since it has been in use. Some large hall is always desirable in connection with a hospital for the insane, and although one room may be

made to answer for all purposes, we have found it very convenient to have this, in addition to the regular lecture room, which could not without great inconvenience, if at all, be used for this particular purpose.

MUSEUMS AND READING-ROOMS.—Of these there are, as heretofore, two at each department of the hospital, and which are, at all times, kept comfortable for the use of such patients as have pleasure in resorting to them. A good assortment of books and periodicals is always at command, and the collection of curiosities is being gradually increased by contributions from the friends of the institution, and frequently from patients who are in or have left it. Contributions of books, periodicals, or curiosities of any kind for these museums and reading-rooms, will always be gratefully received.

IMPROVEMENTS.—OPENING OF THE FISHER WARD.—Under the head of improvements, I last year noticed the commencement of a new ward at the Department for Females, “intended for a class of cases of the deepest interest, for very sick persons, and for those laboring under acute affections of the brain, accompanied by high excitement, and requiring the utmost care and privacy, and yet, for obvious reasons, not most comfortably situated in any of the ordinary wards.”

The work on this building was suspended during the last winter, but was renewed in the early summer, and it was completed and opened for use on the evening of the 6th of December, on which occasion, we were favored with the presence of your Board, and a number of ladies and gentlemen specially interested in hospital improvements, and in the welfare of the insane, addresses being

delivered by Mordecai L. Dawson, John Welsh, William E. Whitman, Francis Wells, and others. Among the pleasant incidents of this evening, as will be acknowledged by all who were present, was the mingling at supper and in social intercourse with the other guests, of the whole gymnastic class and many other patients, who had rendered valuable service in the furnishing and fitting up of the new ward. A short time subsequent to this, we were also favored with a visit from about forty of the medical men of Philadelphia and its vicinity, who made with much interest a careful examination of these new arrangements, as well as most other parts of the house.

As I mentioned last year, just at the time that the need of this new structure became obvious, the Institution came into the possession of funds, ample to effect all that was required and devoted by the express terms of the testator's will, to exactly such an object, "to extending and improving the accommodations for the insane."

This structure, which has received the name of "Fisher Ward" in honor of this liberal benefactor of the insane, —the late Joseph Fisher, of Philadelphia,—is placed on the south side of the large yard belonging to the third ward south, and it connects with the eighth ward, on the same side of the hospital, by a passage way taken from the old drying-room. The entire building is one hundred and twelve feet long, by twenty-seven and a half feet wide, and of two stories, each of twelve feet, in height. It is built of brick, is stuccoed, and has a slate roof. The connection with the eighth ward is fire-proof. On the first floor is a dining-room with steam tables and other conveniences for keeping food warm, and for cooking articles for the sick, a bath room, water

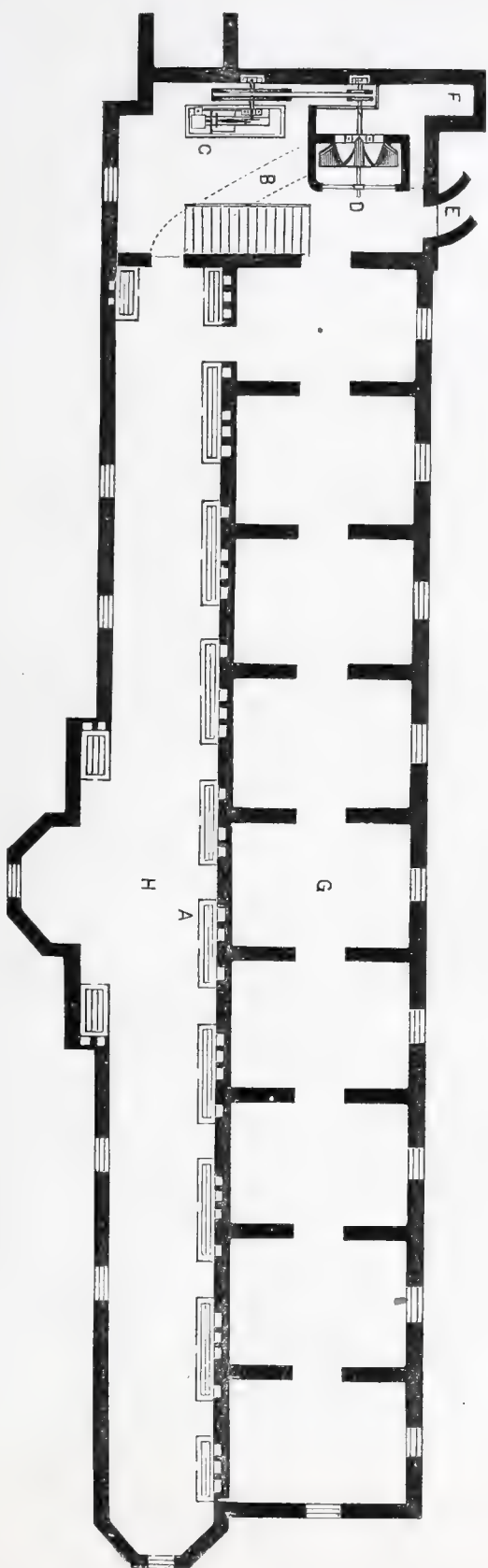


FIG. 1.—PLAN OF THE CELLAR.

Fig. 1. A. Hot-air chambers containing coils of steam-pipe directly beneath flues. B. Cold-air duct beneath floor. C. Steam engine. D. Fan. E. Passage to boiler-house. F. Vertical duct supplying fan with air. G. Cellar. H. Cold-air chamber.

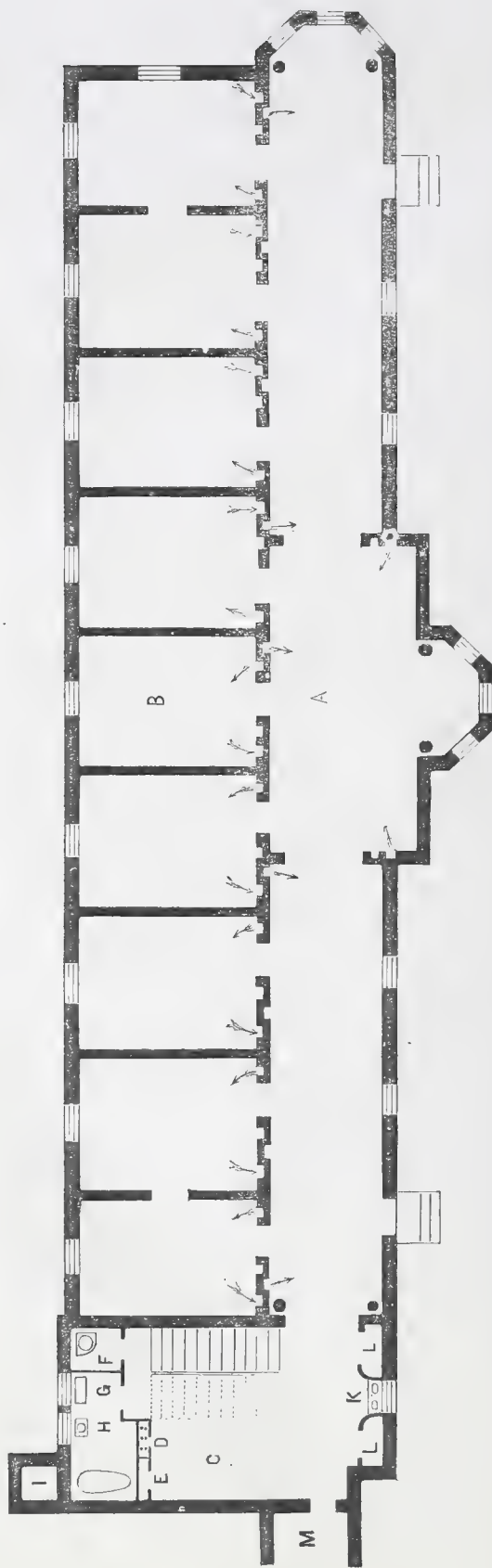


FIG. 2.—PLAN OF PRINCIPAL STORY.

Fig. 2. A. Corridor. B. One of patient's rooms, with arrangement of flues. The arrows indicate the course of the air. C. Dining hall. D. Wicket door. E. Closet. F. Water closet. G. Sink. H. Wash basin.

I. Cold-air shaft. K. Warming table. L. L. Closets. M. Connection with eighth ward.

closet, clothes closets, and nine rooms for patients, each being about ten by fourteen and a half feet, and in a few instances two are thrown together. The rooms are on one side of a corridor partly eight and a half and partly ten and a half feet wide, with two bay windows, projecting more than four feet, in each story. The second story has the same arrangement, with the exception that a room for two attendants takes the place of the dining-room. All the patients' rooms have a cheerful southern exposure, with large windows, the upper sashes of which are of iron, immovable, while the lower are of wood, and may be raised to their full height, having ornamental wrought-iron guards on the outside. All are glazed on the inside. There are Venetian shutters to all these windows. The furniture is of walnut, neat and substantial. A portion of the rooms are carpeted, with curtains to the windows, and the bedding, universally, is of the best kind. The drainage is through a twelve inch terra cotta pipe, into the main brick culvert, leading from the 6th ward.

Especial pains have been taken to secure a thoroughly efficient system of warming and ventilation, which the proximity of this new structure to our main heating apparatus gave us particular facilities for doing. The heating is by steam, and the ventilation is forced by a steam engine and fan. The fresh air supplied to the Fisher Ward, is taken nearly thirty feet from the ground, and passes down a brick duct about three feet square, to a small room, from which it enters the fan, and is then driven through an underground duct, to the main air reservoir, which occupies nearly the whole of that part of the north side of the cellar of the building, which is under the corridor. On the south side of this cold air reservoir,

are nine, and on the north side are three heating chambers, in which are placed box coils of steam-pipe, the amount varying according to the space to be warmed by each. All are closely surrounded by brickwork, the air being admitted to each through openings near the ground, the size of which is regulated by sliding doors. The flues from these air chambers pass into the corridors, and into every patient's room, and open near the floor. Each room has also a ventilating flue, with an opening near the ceiling, and another near the floor, all of which are regulated by lock registers, so as to be under the control of the officers only. All the warming and ventilating flues pass up in the interior corridor walls, and the latter go into the attic, and there empty into an air-tight duct, which, plastered on both sides, gradually enlarges in a greater ratio than the area of the ducts it receives, and passes to the central cupola, and thence into the external air. All the flues are made of terra cotta, rather more than three by thirteen inches in the clear, smooth on the inside, with round corners, and built in the centre of the wall.

The steam-engine used is a horizontal one of five horse-power, and the fan, five feet in diameter, is of iron, with sixteen blades, and of the Washington pattern. It is arranged for a free supply of air, and a free delivery, and, driven at a moderate speed, can be made to furnish a superabundance of fresh air at all times. Both are placed under the dining-room, and work noiselessly.

The water-closets have a strong downward ventilation through fifty-seven feet of iron pipe and brick flue, leading into the main chimney stack. Hot water is supplied from a boiler already in use in the 8th ward.

This arrangement for heating and ventilation is sub-

stantially that adopted at the Department for Males, and which has now been working very satisfactorily for more than nine years, and is one, the effectiveness of which has been shown by abundant experience.

In regard to this subject of heating and ventilating hospitals, there are certain principles and facts that seem to me to be well established. Among these may be mentioned as prominent, the following: that, for many reasons, steam is the best agent for the purpose of heating; that fresh air should be passed over radiating pipes under the rooms, and then admitted into the wards in large quantities, moderately warm in winter, and cool in summer—direct radiation being employed only in a few locations, not constantly used, and as a help, perhaps, in very severe weather. All flues should be direct, be in central walls, and made as smooth as possible. No ventilation can be regarded as worthy of the name without some forcing power, and those that are most available are either a fan or a heated chimney stack; the former being preferable in most instances. Unless there are special reasons for a contrary course, it is best that the warm air should be admitted near the floor, while the ventilating flues should have openings, under control, both near the ceiling and not far from the floor; the latter to be used when it is important to save heat. If there really were any gases too heavy to ascend inside of a room to the opening of the flue near the ceiling, where the air is necessarily warmer than at the floor, they would hardly rise in a flue, the temperature of which is gradually becoming lower as it ascends. The difficulty can be obviated only by the introduction of heat, either directly or indirectly, into the flue itself, or at some point into which it empties. The fan, how-

ever, is the great and best regulator of all this. No matter where the openings are made, or even if the flues are cold, the change of air is inevitable; the intermixture of that driven into the room, with that already there, being much more thorough in every spot than, without experiment, could have been believed possible. All attempts to ventilate without using heat, and, of course, consuming fuel of some kind as the agent producing this heat, must be failures. Ventilation in cold weather is necessarily loss of heat, but, at the same time, nothing is more certain than that no expenditure about a hospital can be more wise or more truly economical than that which secures at all times, to every one within its walls, that, without which, perfect health cannot long be maintained; one of the blessings which a beneficent Providence intended every living being should have during his whole existence—an abundance of pure air, and at a proper temperature.

Many of the great difficulties about warming and ventilating, of which so much is said, have arisen, in great measure, from efforts to get more heat out of fuel than is in it, and to ventilate without losing any portion of the heat that is obtained: all of which efforts, as has been already said, are very certain to prove failures.

The work on the "Fisher Ward" has been thoroughly done in every part, and the entire cost for building and furnishing, for heating and ventilation, including the steam engine and fan, and for all other fixtures and arrangements, is \$24,850, or \$150 less than the first estimates for all these objects, those for the building being a little more, and for the furniture and other fixtures rather less, than originally estimated.

The heating and ventilating arrangements, and all

the water fixtures, were put up by the well-known firm of Morris, Tasker & Co., of this city, in their usual excellent manner; and to Samuel Sloan, who has done so much in hospital architecture, we were indebted for valuable assistance in the erection of the building.

RECEIPTS AND EXPENDITURES.—The following abstract of the receipts and expenditures at each department, during the year 1868, has been prepared, at my request, by the Stewards of the Institution:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$19,350 81
Household expenses	35,487 61
Furniture	6,965 27
Lights	1,445 33
Fuel	7,259 01
Garden, grounds, live stock, and carriages	919 37
Grain and feed for stock	656 36
Repairs and improvements	3,440 85
Medicines	742 26
Amusement of patients	294 33
Stationery and printing	468 72
Library	44 46
Miscellaneous	286 80
<hr/>	
Total expenditures	\$77,361 18
Net receipts	\$78,808 95
Average number of patients	170
“ “ of free patients	17
“ cost per week of each patient	\$8 72
Amount expended in 1868 on free patients	\$7,891 60

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$17,529 27
Household expenses	38,190 43
Furniture	5,791 39
Lights	1,782 44
Fuel	6,162 84
Garden, grounds, live stock, and carriages	1,793 06
Grain and feed for stock	2,943 60
Repairs and improvements	5,031 65
Medicines	932 06
Amusement of patients	501 64
Stationery and printing	481 37
Library	105 84
Miscellaneous	483 86
<hr/>	
Total expenditures	\$81,729 45
Net receipts	78,778 54
Average number of patients	180
“ “ of free patients	25
cost per week of each patient	\$8 72
Amount expended in 1868 on free patients	\$11,414 52

From the preceding statements it will be observed, that the average number of patients under care during the year just past, was fourteen more than in the previous one; and the average number of free patients in the hospital was fifteen more. Some very important repairs, that had been deferred for several years, added considerably to this item of the expenses; and among these was the redashing and improving of a considerable part of the boundary wall, at the Department for Females, which had had little done to it for nearly

thirty years. The constant demand for the admission of free patients, and a desire to extend the usefulness of the Institution to its greatest possible extent, led to the admission of an unusual number who were unable to pay board; and the amount expended on this class in 1868, the large sum of \$19,306 12—will account for the deficiency of \$1503 14, notwithstanding the receipt of a debt of more than \$6000, incurred during the late war. It will be seen that the average cost of each patient, at both departments, was exactly the same.

The generous gift of \$10,000, for the endowment of two additional free beds, by one of the business firms that do honor to our city, and which is noticed elsewhere, is a move in the right direction. No money devoted to charitable purposes can be made to yield more beneficent results in all future time, than that which endows free beds in this hospital. It is to be remembered that these are for a form of disease that rarely can be treated successfully at home, even when the patient is surrounded by all that wealth and devoted friends can furnish; how much less, when to such sickness the heavy burden of poverty is added. Cases of the most urgent kind are constantly occurring among the respectable, honest, and worthy people, who, although living comfortably when all are well, have nothing left to pay the largely increased expenses incident to so serious and protracted a form of sickness. These are often the heads of families, or members of them, on whose exertions they are mainly dependent, and their early return to health and their customary pursuits is of the greatest importance, not to themselves alone, but to many others with whom they are associated, and to the public, who otherwise might have to provide for their support. To give to these free

beds, the greatest possible amount of usefulness, they are restricted to recent and supposed curable cases; and some of the most interesting of our recoveries are every year from among those who are the recipients of this offspring of the benevolence of our citizens.

THE WALN FUND.—In the year 1863, a member of your Board* presented to this hospital the sum of \$10,000 “for the purpose of endowing two additional free beds, and at the same time to be expended entirely in supplying certain very desirable improvements and furniture much needed, to be designated by the Physician in Chief, and to be approved by the Board of Managers.”

Since that time that fund has been our main resource for a certain class of improvements, and for the acquisition of a great variety of objects of interest to the patients that could not otherwise have been obtained. A large proportion of all these are permanent in their character, and those for whose special benefit they were intended, are nearly every day deriving pleasure and advantage from their use. Without going into details, it may not be amiss to say here that the very extensive dry walks have been mainly provided from this source, while permanent structures have been put up at each building, and the means for the occupation and amusement of the patients have been greatly increased, as have the furniture and pictures in several of the wards at both departments.

Having just used the last of this fund, and the vouchers for all the expenditures having been examined and

* S. Morris Waln.

audited by the appropriate committee, I cannot let the occasion pass without the expression of my high appreciation of the enlightened liberality and philanthropic foresight which led to this noble gift, just at the time when it was specially important to have some such resource to secure a continued improvement in the fixtures and arrangements of the hospital, and to prevent a stoppage of that progress, which it has been my pride to be able to report in each successive year, since the opening of the institution. To the gratitude that has been and is now felt by the recipients of these benefits, will be added, long in the future, that of many a one who has never yet dreamed of a personal interest in the hospital or in the benevolent acts of its patrons.

ACKNOWLEDGMENTS.—As in each previous year I have the satisfaction to report numerous evidences of interest in the amusements and other modes of promoting the happiness of the patients, and in the general prosperity and usefulness of the Institution.

To Asa Whitney & Sons the Institution is indebted for the very liberal donation of \$10,000, for the purpose of endowing two free beds. The value of a donation like this can hardly be over-estimated, as it will be the means of restoring to health and usefulness not less than four patients in every year the hospital is in existence, and in all that time, grateful hearts will ask blessings on those whose generosity has enabled them to participate in all the benefits of the Institution. To Alexander Biddle we are under obligations for \$1000 towards defraying the current expenses of the hospital in 1867 and 1868. To James C. Hand for \$100, to Adolph E. Borie for \$50, to Davis Pearson for \$50, to Samuel

Welsh for \$50, to Mrs. S. Welsh for \$25, and to John Welsh for \$25, all being towards the purchase of a new piano for the first ward south. To a friend we are indebted for \$50 to the Amusement Fund; to John Goldthorp for a lot of handsome cords and tassels; to J. F. Eppelsheimer for parchment and belting; to Curwen Stoddart & Co., for a piece of curtain material and a magnetic globe; to Benjamin H. Shoemaker for a large framed convex mirror for the Gymnastic Hall, for glass, a movable fountain, and the game of the needle gun; to Samuel Sloan for valuable pictures, and as in other years for various gratuitous architectural services; to Wistar Morris for an aquarium and copies of the Illustrated London News; to John Hinkle for three fine South-Down sheep; to George W. Childs for various pictures and a great variety of exchange papers; and to Dr. S. S. White for a dentist's chair. We are also under obligations to Daniel Dougherty for a lecture; to Francis Wells for three readings; to Dr. I. P. Trimble for two lectures; to John Jay Smith for a reading; to A. B. Durand and friends for a concert; to F. A. Riehlé, Miss Salliday, Miss Alexander, Mrs. Behrens, and their friends for several concerts; to H. B. McCully for several humorous readings and recitations; to Edward S. Gould for several readings from Shakspeare; to J. Thomas for several readings; to F. Pearson for two exhibitions of legerdemain; to Thomas Fitzgerald, as in past years, for two copies of the "City Item;" and to McAllister & Co. and James W. Queen & Co. for their continued kindness and liberality in adding to the interest of our evening entertainments.

Dr. S. Preston Jones continues to have the immediate care of the patients at the Department for Males,

as he has had very efficiently since the opening of that branch of the hospital. Dr. John T. Wilson performs the duties of Second Assistant Physician, Joshua P. Edge is Steward and Harriet P. Smith is Matron. At the Department for Females Dr. J. Edwards Lee was Assistant Physician till his death, hereafter referred to, and the vacant place has been filled by the appointment of Dr. William P. Moon; Jonathan Richards continues to be Steward, and the duties of housekeeper have for some months past been performed by Maria Cooper. To all these and to all others who have been engaged in any way in the care of the patients, I would again express my obligations for all the valuable assistance I have received from them, and for all they have done in any way to promote the comfort and happiness of the inmates of the institution, and to contribute to its prosperity.

Nor ought I to omit some reference to the interest always manifested by your Board in every measure I have thought likely to advance the efficiency and usefulness of the hospital, or to thank you for that weekly visitation and inspection which,—never once intermitted in twenty-eight years, and infinitely superior as it must be to any other system of supervision,—has been such a support to the officers, and has justly given such additional confidence to the community.

DEATH OF DR. J. EDWARDS LEE.—Among the events of the past year that made a painful impression on our household, was the death of the late assistant physician at the Department for Females—the first officer who has died here while in the performance of his duties.

Dr. Lee's long connection with the hospital, and the interest which has been expressed in regard to him, seem to render proper, in this place, a brief memoir of his life and labors.

J. Edwards Lee, M. D., was born at Otis, Massachusetts, on the 8th of October, 1821. He was the only son of Jonathan and Harriet D. Lee, the former a well-known Congregational clergyman of that town. He became a student at Middlebury College, Vermont, at the age of sixteen years, remained there nearly two years, and then, in 1839, entered Williams College, Massachusetts, where he stood high as a scholar, and graduated in 1841. He studied medicine with Dr. Luther Ticknor, of Salisbury, Connecticut, and attended the lectures of the New York College of Physicians and Surgeons, where he graduated in 1845. He was appointed second assistant physician to the New York State Hospital for the Insane at Utica, in April, 1847, first assistant physician in June, 1847, and remained there till June 24, 1848, when he resigned. In that year he went to Great Barrington, Massachusetts, intending to practice medicine, but in a short time left to engage in private practice at Springfield, in the same State, where he remained till he was appointed assistant physician to the Pennsylvania Hospital for the Insane, at Philadelphia, in January, 1851. He resigned his place at this Institution in February, 1856, and again commenced the practice of medicine at Sextonville, Wisconsin, where he remained till his appointment as Superintendent of the Wisconsin State Hospital for the Insane at Madison, in June, 1859. On the 1st of January, 1857, he married Miss Harriet Landon, of

Salisbury, Connecticut, who survives him. From the mutations to which most of the institutions for the insane in the Western States have been subjected, especially in their early days, and mainly from political feelings, Wisconsin did not escape. The whole Board of Managers was changed by the Legislature; and this Board, in the same spirit, removed most of the officers appointed by their predecessors—at the same time giving to the subject of this notice the highest testimonials of character, and of the ability and fidelity with which he had performed the duties of his position. Dr. Lee then returned to the Pennsylvania Hospital for the Insane in December, 1860, acting as a companion to the patients at the Department for Males, till May, 1862, when a vacancy occurring at the Department for Females of the same Institution, he was elected assistant physician there, and continued to fill that position till the date of his death, which occurred on the 8th day of November, 1868.

From the preceding sketch it will be seen that Dr. Lee's service among the insane extended to a period of rather more than fifteen years.

Dr. Lee was an honorable, high-minded, Christian man. His classical education was good, and he was a great general reader, and,—on account of a disposition to vigilance, which was constitutional with him,—he was much more so at night, perhaps, than was best for him; and his information on subjects outside of his profession was very extensive and accurate.

He was of a nervous temperament, and at times disposed to depression of spirits; was very modest and retiring in his manners; extremely sensitive in regard

to the feelings of others, and a man of comparatively few words, so that strangers did not always learn to appreciate his real worth, or to understand the best traits in his character; but among his intimate friends, who could not fail to know his great amiability, his good sense, his gentleness, his quiet humor, and his real geniality, he was always held in high esteem.

In the practice of his profession his judgment was excellent, and he deserved the confidence which he so generally enjoyed among his patients. In the hospital he was particularly kind and affectionate in his intercourse with the insane, and was a general favorite.

He took much interest in the evening entertainments at the hospital, and, until his health began to fail, was always active in whatever tended to render them particularly attractive and useful. Many of his own lectures were prepared with great care, and manifested no little ability. His personal exertions did much to secure the great extent, regularity, and completeness of the exhibitions of dissolving views and other photographic pictures at the Department for Females, and the care of these exhibitions was mainly entrusted to him.

Dr. Lee was a great lover of nature, and many of his leisure hours, particularly during his last residence in the hospital, were spent under the blue sky, in the open fields, and among the trees, birds, and insects, which abound on our grounds, and in the parks and groves in our vicinity. On all these subjects he was particularly well informed, and our patients had the benefit of his observations in the lectures which he gave them. His collections of leaves and other parts of trees, used as

illustrations for these lectures, were often very extensive, and arranged with great taste; while our ample collection of birds was frequently made to add to the interest of his lectures on this branch of natural history.

Although generally enjoying good health, he had two or three severe attacks of rheumatism, and for some years had had some valvular difficulty of the heart, which had given him, at times, no little uneasiness. During the past year, those most interested in him thought they detected a slight change in his natural gait, in his general appearance and manners, and in his expression, with increased and more frequently recurring periods of despondency. These were undoubtedly the incipient symptoms of the disease of the brain, of which he ultimately died; but as they were not permanent and uniform, there is now no doubt but that they were often attributed to other than the real cause. He evidently felt that the time had arrived when he ought to give up his hospital duties, and accordingly, on the 26th of October, 1868, he tendered his resignation to the Board of Managers, to take effect whenever his successor should be appointed. Within one week of the day when he took this step, he found it necessary to keep his bed, and scarcely left his room from that time till his death, which occurred on the evening of the 8th of November, 1868.

Although his mind was frequently wandering, with a great disposition to stupor, during his entire last sickness, and he had a steadily increasing difficulty of articulation, he evidently was entirely conscious of the serious character of his disease, frequently, when roused,

speaking of the difficulty he had in finding words to express his ideas, and, on other occasions, giving specific directions in regard to his funeral, and other personal matters. Except on one or two occasions, he suffered little pain at any time, and his end was calm and peaceful; without a struggle or a sigh he ceased to breathe.

The great interest in his welfare that was manifested during his whole sickness by nearly every one in the large hospital household, the many expressions of gratitude for his acts of kindness and attention, the grief that unmistakably was felt on the announcement of his death, and the touching and delicate tribute by many of the attendants, who prepared the beautiful wreaths of flowers that covered his mortal remains in their coffin, were among the evidences that Dr. Lee had been an unselfish laborer in the field of benevolence in which he had passed so many years of his life, and which were vastly more to be valued than any mere formal testimonial, however great, that could have been bestowed upon him. In making up the roll of honor of those who have faithfully and disinterestedly labored to promote the best interests of the insane, to secure their restoration to health, to increase their happiness and lighten their sorrows, the name of Dr. J. Edwards Lee cannot be omitted.

THE LEGAL RELATIONS OF THE INSANE. ADMISSION OF PATIENTS TO HOSPITALS.—There being in the different States no uniform law regulating the mode of admission of the insane into institutions for their custody and treatment—some indeed having no law whatever on the subject—and isolated cases now and then occurring,

which, from all the attendant circumstances not being thoroughly understood, were calculated to produce a morbid public sentiment in regard to the matter, to jeopardize the best interests of the afflicted, and to do great injustice to hospitals and their officers;—as far back as 1863, a committee, consisting of one from each State, represented at the meeting of “the Association of Medical Superintendents of American Institutions for the Insane,” was appointed to examine the whole subject of the legal relations of the insane in the United States, and to make special inquiry as to the general principles of legislation which the case seemed to demand. “At the next meeting in Washington in 1864, this committee reported through its chairman, Dr. Ray, which report was accompanied by a project of a general law for regulating the most important relations of the insane. After discussion the subject was postponed to a future meeting. Although receiving consideration at the next two meetings, owing to the absence of the chairman, no definite action was taken, but the subject was made the first order of business for that which assembled in Boston, in June, 1868. There it was again most thoroughly discussed; the various sections, most of them more or less modified, adopted with little dissent, one after another; and finally adopted as a whole with the accompanying preamble, unanimously.” This project of a law, although emanating from a body of medical men, it may be stated, had high legal sanction, and, if generally adopted, it is believed, will without doubt, abundantly protect the best interests of the insane, the liberty of the citizen, the rights of families and the safety of the community.

The Medical Society of the State of Pennsylvania, fully convinced of the importance of having the legal relations of the insane established on a firmer basis than has heretofore been the case in this State, at their last meeting appointed an able committee, with instructions to take the whole subject into consideration, and to memorialize the Legislature for such action as may be deemed most desirable in the case. It is to be hoped that this subject will receive the calm consideration of the Legislature, and that hereafter the law will prescribe exactly what course is to be pursued to secure the admission to, detention in, and discharge of patients from the hospitals for the insane.

In view of such anticipated action, it becomes interesting as a matter of history, that there should once more be put on record, a statement of what has been done by this commonwealth in regard to the admission of patients, from the time of its first settlement up to the present day, and the results of the mode of proceeding in use.

Until 1751, there was no provision for the care and treatment of the insane in America. In that year, a number of the benevolent citizens of Philadelphia and its vicinity, united in establishing the Pennsylvania Hospital, which was duly incorporated by the Provincial Assembly, and opened for the reception of patients in the following year, its charter being general in its character, providing for the relief of the sick, and the reception and cure of the insane. Those connected with its establishment and subsequent management, having always been citizens, who possessed, in an eminent degree, the public confidence, the mode of admission that Franklin and

his associates adopted at that early day, has been continued in substantially the same form up to the present time,—two conventions to form constitutions for the State, and all the Legislatures ever since, having been so well satisfied with the practical working of the plan, that they did not think it necessary to modify it, or to take any special action on the subject. Custom became the common law, and the “great law of humanity,” securing early and prompt treatment and relief to the sick, and all the advantages hoped for by the community in the establishment of the Hospital, the mode of admission originally adopted has been allowed to remain unchanged, and the wisest of our Judges, year after year, have given the strongest testimony to its practically useful character. For these reasons, whenever new institutions were established by the State, the same general form was adopted.

The form of admission referred to—that always in use here—requires the certificate of a physician that he has seen and examined the patient, and believes him to be insane. A guardian, near relative, or friend, then makes a written application for the admission of the patient. A series of questions is then required to be answered, and these are sufficient to give a good idea of the character of the case. These questions refer to the age, social relations, and the number of children, if any—the place of nativity and residence, the occupation of the patient, and his circumstances; when the first symptoms of the disease were manifested, and in what way; whether it is the first attack, and, if others had occurred, what was their duration; whether the disease is increasing, decreasing, or stationary; whether it is variable, and whether there are rational intervals, and if

so, whether they occur at regular periods; whether any changes have occurred in the condition of mind or body since the attack; on what subjects, or in what way, derangement is then manifested; whether there is any permanent hallucination; whether there had been any disposition shown to injure others, and if so, whether from sudden passion or premeditation; whether suicide had been attempted, and if so, in what way, and whether the propensity was then active; whether there is a disposition to filthy habits, destruction of clothing, breaking of glass, etc.; if any relations, including grandparents and cousins, had been insane; whether the patient had manifested any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease—any predominant passions, religious impressions, etc.; was he ever addicted to intemperance in the use of ardent spirits, opium, or tobacco in any form; whether subject to any bodily disease, to epilepsy, suppressed eruptions, discharges, or sores, or ever had had an injury of the head; whether restraint or confinement had been employed, and if so, of what kind, and for how long; what was the supposed cause of the disease, with a statement of the treatment and effects; and to state whether there are any other matters that are supposed to have a bearing on the case.

This done, the proper party calls on some member of the Board of Managers, and, after arranging the rate of board, if a paying patient, signs a bond for its payment, and for the removal of the patient when discharged; or, if a free patient, simply for the removal of the case when requested to do so. The manager then grants an order, directing the Superintendent of the Hospital to receive the patient, if brought within a specified num-

ber of days from that date. The patient may then be brought to the Institution, and in doing this, no one connected with it has any part whatever, or knows anything of the mode that may be adopted by his friends or by the public authorities. It is enough to say that the Hospital authorities always advise perfect candor, and an avoidance of deception, even if force has to be used. Having arrived at the Hospital, the case is examined by one of the physicians, and all other information obtained, that can be got from a careful questioning of the parties who accompany the patient; and all this being done, and not before, he comes under the care of the Institution.

Whenever the patient is considered sufficiently restored to make it desirable he should leave, or when, from any other cause, it is thought best he should do so, the friends are at once notified; and if they should fail to act promptly, the patient would then be sent to them, or allowed to leave, as might be preferred.

So much for the form that, as I have already said, has been substantially in use since 1752, and under which 4436 insane patients were received into the old Hospital at Eighth and Pine Streets, and 5315 since the opening of this Hospital on the first day of 1841. And now for the results. In regard to the 4366 received into the original building from 1752 to 1841, I am not able to learn, from an examination of the records, and the testimony of the excellent Steward of that department (who has been more than forty years connected with the Institution), that more than one patient was discharged by a writ of habeas corpus. As regards the 5315 patients who have been received into the Pennsylvania Hospital for the Insane since the first day of 1841,

I can speak more positively, as all of them have been directly or indirectly under my care. The first result, a most important one, and about which there can be no question, is, that great benefits have been conferred on the insane, their families, and the public, by this form of admission, which has certainly done much to secure early and prompt treatment. It seems to me equally clear, that it has not really caused any one to be improperly deprived of his liberty, and that it has never led to any sane person—unless some of the habitually intemperate be regarded as such—being placed in the Hospital against his own free will; for while many, about whose cases there might have been some question, have come and staid voluntarily, the others of this class, it has been clearly shown, would have been put here under a system embracing much more stringent legal proceedings.

Of all the cases received, about one in a hundred has been of that class, for whom formal legal proceedings would have been desirable, and something more than one in every two hundred has been before the courts for adjudication. These so-called doubtful cases have been before several of the most distinguished judges who have presided over the courts held in Philadelphia during the last twenty-eight years, and, as I stated in my last annual report, “the officers of the Hospital and the courts have, in nearly every instance, been perfectly in accord; and in the three instances in which they did not agree, it was not in regard to the insanity of the individual, so much as in reference to the propriety of a discharge.” The decision of cases that seemed doubtful was often postponed from time to time, till no question existed in the mind of any one; and the patients gained from this

wise course on the part of the courts, a security for the future, that they could not otherwise have obtained. Including the three cases first referred to, there have now been discharged in all by the courts, five cases, in regard to whom there was some difference of opinion between the courts and the officers of the Hospital—without, however, the court in any instance saying that the patient was not insane when admitted, or had not been a proper subject for treatment. The two additional cases that have been discharged by writs of habeas corpus since the last report was written, have both been declared insane by regular commissions of lunacy, and are now under guardianship. I deem it only right to say, in addition, that four other cases have left who might probably have secured their discharge by legal proceedings, if they had not been removed by their friends. Of these four, one is now under guardianship, with the authority of the court for his return to the Hospital at any time it is deemed proper; another had been declared insane by a regular commission of lunacy, and by distinguished and impartial experts; one was found drowned in the Delaware River soon after he left; and the fourth shot himself a little time after reaching home. One other case, reported last year, and not included in the above, about whose insanity, in a strictly *ex parte* investigation, there seemed some doubt, was admitted here, in addition to the ordinary forms, at the special and written request of one of the highest law officers of the commonwealth, a commission of lunacy having been granted by one of our most distinguished judges; but the patient dying before any conclusion was arrived at, the true state of the case will never be positively known.

Whether other forms of admission will present better results, do more for the cause of humanity, or more thoroughly protect the rights of individuals and the community, will be known by those who are living at the end of a similar period of time; but it may well be doubted.

Before dismissing this subject, a few other remarks, the result of no inconsiderable experience, may not be inappropriate in this connection. And first, in justice to the medical profession, I am glad to be able to say, that with the large number of patients who have been received here, I have never known the slightest disposition on the part of any medical man to give a certificate of insanity from any motive but an honest conviction of its existence; nor have I known the least ground of suspicion that any physician has ever been tempted by any one to declare any person insane, when he did not really believe him to be so. Nor have I known, in families or friends, a disposition to confine their relatives or acquaintances from improper motives.

The details already given as to the mode of securing admission into the hospitals of this commonwealth, show what is not always understood, that the simple certificate of a physician is not sufficient to send any one to a hospital. This, as has been shown, is done by others. The physician merely certifies to a fact, that he has seen and examined the patient and believes him to be insane. It is simply the expression of a professional opinion. If asked, he may give his advice as to the proper course of treatment, but there is not, necessarily, any connection between the two. The diagnosis of a case of insanity is very clearly the business of the physician, just as much as the diagnosis of any other disease. Nothing but

some remnant of the old notions that insanity is not a disorder of the physical organization, could have led to any other opinion. If then, it is recognized as a disease, it would seem rational that physicians should be consulted in regard to the kind of treatment which experience has shown to be most successful in similar cases. Those who take advice, can do in these cases as they do in others, follow it or not, as they may deem best. This is only what is done in the ordinary affairs of life. A person wishing to build a house goes to an architect and not to a lawyer; one who is in doubt on religious subjects would consult him who had thought of such matters, rather than one who had known little of them; and for the elucidation of a difficult law question he would hardly apply to a physician, instead of securing the best legal abilities within his reach.

It cannot justly be regarded as an impeachment of the great learning, perfect integrity, or profound legal acquirements of a lawyer, or any imputation on the general intelligence or honesty of a non-professional jury, to say that they are quite likely to err in the decision of a medical question, when the views of experts are practically ignored, or placed on a par with those not even professing a knowledge of the subject,—any more than it would be an imputation upon the fair fame of the most distinguished medical professors, to say that they would be very likely, at least now and then, to make grave mistakes if abstruse law questions were referred to them for decision. The final history of most of the so-called doubtful cases of insanity that have been tried here and elsewhere, will fully prove all this, and especially is it true in regard to juries, for nearly always where one jury has declared a patient sane,

another has had no hesitation in deciding that he was insane.

✓ The discharge of a patient by a writ of habeas corpus, is not, as is often assumed, any evidence, that the individual was not insane when originally admitted, or had not been a proper subject for treatment, or that he had not been restored as far as he was at the time he was brought before the court, by the treatment received at the hospital. All this will commonly be conceded by impartial inquirers. The question generally is, whether a further detention is desirable, and it is just at this point that physicians and judges or juries may honestly differ. Those who have had much to do with the care of the insane, knowing the danger and frequency of relapses from the premature removal of patients, feel it a duty to express and act on their deliberate convictions, while other individuals not particularly familiar with the disease, especially if they ignore the experience of those first referred to, not unnaturally, on seeing before them, a person apparently almost or quite as well as anybody around him, and able to converse intelligently, conclude that the risks alluded to are not sufficient to subject him to further involuntary detention. When thus released from all responsibility for the future, by the action of the Court, the physician rarely fails to be glad to give up the care of this class of cases, which otherwise he could not conscientiously do.

It is most fortunate for all concerned, that from the very first provision made for the insane of Pennsylvania, the organization of our hospitals for their care and treatment, has been such as to render preposterous any charge against their officers, as being personally interested in detaining any patient one moment longer than is

necessary for the welfare of himself and his family, or the protection of the community. No one is dependent on the income of these institutions for the amount of compensation he receives for his services. The smaller the number of patients, the less is the care and responsibility, and the fewer the so-called doubtful cases the more pleasant are the officers' duties. The same sum is generally paid the officers for the care of one hundred as for three times that number, and what is a little remarkable here, is the fact, that in but very few instances in twenty-eight years, did a single dollar of what was received from patients, go towards paying your chief officer's salary.

It would seem to require a vast amount of credulity, or a very perverted judgment, to believe that any Institution that has expended more than \$19,000 on free patients in a single year, is selfish in its objects.

CONCLUSION.—This report embraces with a notice of much that has been done during the past year, a general summary of results for the whole twenty-eight years the Hospital has been in its present location. Asking and receiving nothing from the public treasury, the Pennsylvania Hospital, in all its departments, stands a noble monument of the benevolence, liberality, and wisdom of private citizens, on whom it has always relied for the means of continuing and increasing its usefulness. Those whose official positions bring them constantly in contact with its operations, know something of the great work it is performing, but none can fully realize all the blessings it is every year bringing to the afflicted, nor the incalculable relief afforded to families, nor the amount of protection given to the

public. And yet not one of those concerned in its management has really any more personal interest in it than ought to be felt by all classes of the community, for whose benefit it has been provided and is sustained. With renewed expressions of gratitude to Almighty Providence for all the blessings which have been vouchsafed to it in the past, and with unabated faith in the future, I once more commend it to your wise and liberal oversight, and to the generous sympathies of that community which, for more than a century, has had the opportunity of knowing what the hospital has been doing, and has given such unmistakable evidence of appreciation and approval of the objects of its foundation, and of the manner in which all these have been carried out. It is for the benefit of the people, directly or indirectly, that every improvement is introduced, and that all progress is made. It will be their loss—and how great few can understand—if any lower standard is ever allowed, or if anything is ever permitted to diminish its resources or narrow its field for usefulness.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1869. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

All classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c., can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is always required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.

_____ M. D.

_____, 1868.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ 1868.

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*,"

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

established and maintained by “the Contributors to the Pennsylvania Hospital,” we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness our hands the ——— day of ———, 1868.

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement now manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *pre-meditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.





R E P O R T .

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1869.

BY THOMAS S. KIRKBRIDE, M.D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1870.

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Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN compliance with the requisitions of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his twenty-ninth Annual Report.

At the date of the last report there were 336 patients in the institution, since which 220 have been admitted and 243 have been discharged or have died, leaving 133 under care at the close of the year.

The total number of patients in the Hospital during the year was 556. The highest number at any one time was 347; the lowest was 310; and the average number under treatment during the whole period was 330,—159 males and 171 females.

The number of males in the Hospital during the year was 288, and the number of females was 268. The highest number of males at any one time was 167, and the highest number of females was 180. At the beginning of the year there were 166 males and 170 females. At this date there are 157 males and 156 females. The number of males admitted during the year was 122, and the number of females 98.

Of the patients discharged during the year 1869, were—

	Males.	Females.	Total.
Cured	62	53	115
Much improved	5	16	21
Improved	22	21	43
Stationary	24	9	33
Died	18	13	31
	<hr/>	<hr/>	<hr/>
Total	131	112	243

Of the patients discharged "cured," forty-nine were residents of the hospital not exceeding three months; thirty-two between three and six months; twenty between six months and one year; and fourteen for more than one year.

Of those discharged "much improved," six were under treatment less than three months; six between three and six months; four between six months and one year; and five for more than one year.

Of the "improved," fifteen were under care less than three months; six between three and six months; fourteen between six months and one year; and eight for more than one year.

Of those discharged and reported "stationary," ten were under care less than three months; three between three and six months; nine between six months and one year; and eleven for a longer period than one year.

Eighteen males and thirteen females have died during the year. Of these deaths, eight resulted from acute mania; four from organic disease of the brain; three from the exhaustion of chronic mania and a refusal of food; five from old age; one from suicide; three from consumption; two from apoplexy; one from epilepsy; one from pyæmia; one from pneumonia; one from strangulated intestine; and one from dry gangrene.

Of the patients who died, sixteen were admitted for mania; six for melancholia; and nine for dementia.

Of those who died, nine were in the house less than one month; six between two and three months; four between three and six months; two between six months and one year; three between one and two years; one between two and three years; one between three and four years; one between five and six years; one seven years; one nine years; one nearly twenty years; and one twenty-three years and nine months.

In scarcely any one year, since the opening of the institution, has it had under care, cases of higher interest, or in which the results of hospital treatment have been more satisfactory, than in that just closed. The number of patients of liberal cultivation, and with all the characteristics likely to render them the specially cherished favorites in the home circle, has not been small, and one of the most pleasant features of their residence here has been the fact that they have realized, in a high degree, the benefits they have received, and have left with an enlightened appreciation of the advantages which every well-regulated institution offers for the care and treatment of those suffering from mental disorder.

Another matter of special interest is the increased number who have come to the institution at their own request. Every year has brought to us more or less of this class. The number of such, in any institution where confirmed cases only are received, must always be small, for the reasoning powers have then generally become too much perverted to permit the patient to realize the importance of such a course, or else, making him quite unconscious of the existence of mental disorder.

der, would lead him to regard all attempts to give him the benefits of treatment as oppressive and uncalled for. Many of these cases of voluntary entrance were just in, or approaching the first stage of insanity, but, realizing the danger to which they were exposed, and convinced, from their own studies and observations, of the extreme importance of judicious treatment at the earliest period of this disease, they availed themselves, unhesitatingly, of what they believed all experience had shown was most likely to benefit them, just as they would have resorted to travel, or sought a change of climate, or what they supposed might be the best practical knowledge, in any other form of disease. In addition to the many other pleasant features connected with the treatment of these cases, is to be mentioned the favorable influence which they so frequently exercise over other patients. Discovering that these ladies and gentlemen, who, to casual observers, might appear sound in mind, if not in body, have yet voluntarily sought the advantages which the institution affords, and are often continuing there, for a confirmation of their improved health, even after their friends have believed that a change could safely be made, other patients have been led to take views of their own cases which had not before occurred to them. Influences like these have often seemed to be connected with the first steps towards convalescence. An intelligent, sympathizing patient, thus situated, may often exercise a most important influence on all others in a ward, and many such leave with the gratitude not only of their afflicted associates, but of those to whom is intrusted the management of the Hospital, for all the good which

they have effected—sometimes quite unconsciously. A real interest in the troubles and sorrows of others is often one of the best means of getting rid of our own, and no year passes in which we do not find illustrations of this benefit of properly classified association among our patients.

I have so often referred to the importance of classification in hospitals for the insane, that it might be deemed a work of supererogation to again enter, ever so briefly, upon a discussion of the subject. I should not do so at the present time, but from the fact that on many occasions, during the past year, it has been made painfully manifest that there are not a few who, apparently, are still unaware that this matter of classification is the basis of all rational treatment, and that in our institution the separation of the sexes has permitted us to extend it far beyond what we could have otherwise hoped for, and given the opportunity to bring into association, in no small degree, only those who will be most likely to be beneficial, rather than injurious, to each other. Some writers, too, who obviously must have had an extremely limited acquaintance with insanity, whatever may have been their ability in other departments of knowledge, are occasionally quoted as having experienced remarkable effects on themselves, from their very circumscribed intercourse with those of unsound mind, and have even thought that there were some grounds to apprehend that it might be contagious in its character! A very slight intercourse with the insane, like a very limited acquaintance with any subject, would naturally be likely to give views which a larger experience could not fail to prove to be erroneous; but

if there are any besides the writers themselves, who have really been alarmed in the slightest degree by this kind of experience and the promulgation of such crude theories, I am sure that all practical men, everywhere, will join me in the assurance that they may safely dismiss every such apprehension as utterly groundless. While I recall no single case that has been really injured by the associations to be found in every well-regulated institution, I can refer to hundreds who have been benefited, in no small degree, by their intercourse with those who, like themselves, were residents of the Hospital for relief from mental disorder. Without classification, harm would undoubtedly result; but no institution thus circumstanced could be worthy of a claim to be considered a curative hospital.

Another year's experience goes to confirm—what no tolerably careful inquirer could doubt—the very great importance of early treatment in insanity, the danger of removing patients from hospitals prematurely,—to which cause alone no small proportion of the secondary admissions are to be attributed,—and the very satisfactory results which often come to reward those who have the courage and patience to persevere in all reasonable efforts to secure the restoration of what seem to be the most unfavorable cases. So where complete recovery does not take place, there is often an improvement which is the difference between a reasonable degree of enjoyment of life, and absolute wretchedness; and even if this result is not attained, it is yet no small reward for persistent and well-directed efforts, to feel that they have prevented that still lower mental condition to which those who are neglected rarely fail to come.

STATISTICAL TABLES.—The statistical tables in this report embrace all the cases admitted into this Hospital since its opening in 1841. They have been prepared with care, and have increasing value, as the number of patients becomes larger, and as a longer period is devoted to observation. Many of them are simply statements of facts, about which there can be no question, while those which are mere matters of opinion, have been made up with care and with a full appreciation of the many sources of error to which all such tables are exposed.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	2937	2598	5535
Discharges	2780	2442	5222
Remain	157	156	313

TABLE II.—*Showing the ages of 5,535 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	204	161	365
Between 10 and 15	8	15	23	“ 55 and 60	127	106	233
“ 15 and 20	155	157	312	“ 60 and 65	112	84	196
“ 20 and 25	424	374	798	“ 65 and 70	39	63	102
“ 25 and 30	444	414	858	“ 70 and 75	39	40	79
“ 30 and 35	377	345	722	“ 75 and 80	19	14	33
“ 35 and 40	404	304	708	“ 80 and 85	4	6	10
“ 40 and 45	303	291	594	“ 85 and 90	—	—	—
“ 45 and 50	276	220	496	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 2,937 male patients.*

Farmers . . .	377	Tanners . . .	6
Merchants . . .	287	Artists . . .	20
Clerks . . .	244	Hairdressers . . .	2
Physicians . . .	59	Police Officers . . .	8
Lawyers . . .	59	Machinists . . .	53
Clergymen . . .	32	Plane-maker . . .	1
Masons . . .	23	Iron-masters . . .	2
Umbrella-makers . . .	3	Weavers . . .	30
Printers . . .	30	Bricklayers . . .	11
Teachers . . .	44	Brickmakers . . .	5
Officers of the Army . . .	10	Sail-makers . . .	6
“ “ Navy . . .	16	Coopers . . .	3
Students . . .	57	Jewellers . . .	15
“ of Medicine . . .	16	Potter . . .	1
“ of Law . . .	7	Chair & Cabinet makers . . .	30
“ of Divinity . . .	9	Blacksmiths . . .	36
Saddlers . . .	14	Watchmakers . . .	7
Peddlers . . .	16	Hotel Keepers . . .	36
Tobacconists . . .	24	Second-hand dealers . . .	3
Carpenters . . .	92	Cap Manufacturer . . .	1
Bakers . . .	16	Locksmiths . . .	3
Seamen and Watermen . . .	59	Millers . . .	15
Planters . . .	29	Glassblowers . . .	3
Manufacturers . . .	65	Wheelwrights . . .	6
Coachmen . . .	7	Gardeners . . .	15
Druggists . . .	29	Chemists . . .	5
Laborers . . .	228	Print Cutters . . .	2
Engineers . . .	16	Curriers . . .	2
Plasterers . . .	14	Tailors . . .	40
Bank Officer . . .	1	Shoemakers . . .	91
Conveyancers . . .	6	Brokers . . .	8
Bookbinders . . .	12	Waiter . . .	1
Hatters . . .	9	Stove-makers . . .	3
Rope-makers . . .	3	Dentists . . .	3
Tinmen . . .	19	Victuallers . . .	15
Painters . . .	24	Soldiers U. S. A. . .	19
Brush-makers . . .	2	Brewers . . .	3
Paper-hangers . . .	2	Coach-trimmers . . .	2
Boat-builder . . .	1	Auctioneers . . .	2
Carver . . .	2	Plumbers . . .	4
Confectioners . . .	13	Type Founders . . .	2
Coach-makers . . .	8	Telegraph Operators . . .	2
Public Officers . . .	5	Whip-maker . . .	1
Shipwrights . . .	2	Silversmiths . . .	3
Collector . . .	1	Photographer . . .	1
Nurses . . .	2	Wire-worker . . .	1
Soap-maker . . .	1	Upholsterers . . .	4
Contractor . . .	2	Drovers . . .	4
Authors . . .	3	No occupation . . .	401

TABLE IV.—*Showing the occupation of 2,598 female patients.*

Seamstresses, or Mantua-makers	246	Wives of Saddlers	4
Storekeepers	26	“ Printers	7
Attendants in stores	16	“ Machinists	29
Cigar-makers	3	“ Masons	2
Teachers	69	“ Painters	2
Domestics	263	“ Stage Owners	2
Nurses	21	“ Cutler	1
Artists	4	“ Bank Officers	8
Factory Girls	7	“ Innkeepers	29
Physician	1	“ Book-binders	3
Sister of Charity	1	“ Tinmen	2
Clerk	1	“ Editors	4
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Plasterers	4
Daughters of Farmers . . .	124	“ Engineers	11
“ Merchants	150	“ Artists	10
“ Masons	4	“ Bricklayers	2
“ Bank Officers	5	“ Paper-makers	2
“ Weavers	19	“ Collectors	5
“ Laborers	19	“ Brickmakers	4
“ Sea Captains	4	“ Seamen	13
“ Auctioneer	1	“ Merchants	167
“ Innkeepers	5	“ Physicians	16
“ Teachers	11	“ Lawyers and Judges .	32
“ Carpenters	11	“ Shoemakers	34
“ Paper-makers	2	“ Hatters	6
“ Physicians	12	“ Cabinet-makers . . .	17
“ Planters	28	“ Laborers	149
“ Watchmaker	1	“ Grocers	7
“ Curriers	3	“ Clergymen	23
“ Clerks	29	“ Tobacconists	5
“ Engineers	2	“ Weavers	12
“ Clergymen	18	“ Sea Captains	2
“ Miller	1	“ Victuallers	8
“ Public Officers	21	“ Brush-makers	2
“ Officers of Army	2	“ Tailors	19
“ “ Navy	1	“ Millers	7
“ Lawyers	20	“ Police Officers	7
“ Machinists	5	“ Carpenters	35
“ Bricklayers	2	“ Druggists	14
“ Chair-maker	1	“ Planters	11
“ Manufacturers	11	“ Peddlers	6
“ Tailors	7	“ Manufacturers	47
“ Waterman	1	“ Broker	1
“ Bakers	4	“ Tanners	10
“ Printers	4	“ Officers of the Army .	9
“ Shoemakers	4	“ “ Navy	1
“ Druggists	2	“ Plumbers	3
“ Artists	3	“ Blacksmiths	9
“ Brickmaker	1	“ Bakers	4
“ Blacksmiths	2	“ Confectioners	3
“ Dentists	3	“ Hair-dresser	1
“ Victualler	1	“ Contractors	4
“ Saddler	1	“ Dentists	3
Of the <i>Married</i> similarly situated, were—		“ Watchmakers	4
Wives of Clerks	68	“ Public Officers	4
“ Teachers	12	“ Brewers	2
“ Farmers	207	Of the <i>Widows</i> similarly situated, were—	
“ Brass Founders	4	Widows of Merchants . . .	49
“ Gardeners	6	“ Physicians	13
		“ Public Officers	11
		“ Sea Captains	6

TABLE IV.—*Continued.*

Widows of Hotel Keepers . .	6	Widows of Planters . . .	6
“ Shoemakers . . .	21	“ Bricklayers . . .	2
“ Clergymen . . .	4	“ Painters . . .	2
“ Farmers . . .	53	“ Seamen . . .	7
“ Coopers . . .	3	“ Engravers . . .	2
“ Laborers . . .	38	“ Engineers . . .	4
“ Manufacturers . .	14	“ Machinists . . .	5
“ Lawyers . . .	4	“ Mason . . .	2
“ Carpenters . . .	5	“ Printer . . .	1
“ Clerks . . .	13	“ Blacksmith . . .	1
“ Tanner . . .	1	“ Baker . . .	1
“ Teachers . . .	2		

TABLE V.—*Showing the number of single, married, widows, and widowers in 5,535 patients.*

	Males.	Females.	Total.
Single	1472	1084	2556
Married	1332	1183	2515
Widows	—	331	331
Widowers	133	—	133

TABLE VI.—*Showing the nativity of 5,535 patients.*

Natives of Pennsylvania	2992	Natives of Canada	15
“ New Jersey	264	“ France	16
“ Delaware	131	“ England	228
“ Maryland	157	“ Scotland	35
“ Virginia	76	“ Ireland	705
“ North Carolina	45	“ Germany	310
“ South Carolina	48	“ Poland	8
“ Georgia	22	“ Prussia	11
“ Alabama	15	“ Switzerland	6
“ Tennessee	20	“ Bermuda, W. I.	2
“ Indiana	5	“ Jamaica, “	1
“ Kentucky	25	“ St. Domingo, “	4
“ D. of Columbia	15	“ Barbadoes, “	4
“ Maine	15	“ Cuba, “	8
“ Massachusetts	57	“ Guadaloupe, “	1
“ Connecticut	34	“ Martinique, “	1
“ Missouri	8	“ St. Croix, “	1
“ Ohio	23	“ St. Thomas	1
“ New Hampshire	9	“ Isl. of Madeira	1
“ Louisiana	18	“ Isle of Man	1
“ Rhode Island	11	“ Spain	1
“ New York	147	“ Italy	1
“ Mississippi	7	“ Denmark	3
“ Vermont	4	“ Holland	2
“ West Virginia	3	“ Austria	4
“ Michigan	1	“ Bavaria	2
“ Iowa	1	“ Venezuela, S. A.	1
“ Texas	1	“ Norway	1
“ Illinois	2	“ Costa Rica	1
“ Sicily	1	Born at Sea	1
“ Nova Scotia	2		

TABLE VII.—*Showing the residence of 5,535 patients.*

Residents of Pennsylvania	4612	Residents of Iowa	6
“ New Jersey	171	“ Connecticut	6
“ Delaware	101	“ Maine	3
“ Maryland	122	“ Rhode Island	5
“ Virginia	55	“ New York	107
“ West Virginia	5	“ Florida	1
“ D. of Columbia	26	“ Wisconsin	1
“ North Carolina	40	“ California	3
“ South Carolina	32	“ Oregon	1
“ Georgia	23	“ Minnesota	1
“ Alabama	18	“ Kansas	1
“ Louisiana	31	“ Jamaica, W. I.	1
“ Tennessee	13	“ Barbadoes, “	4
“ Kentucky	19	“ Cuba, “	9
“ Arkansas	3	“ St. Croix, “	1
“ Mississippi	11	“ St. Thomas “	2
“ Vermont	3	“ Isl. of Madeira	1
“ Texas	6	“ Germany	2
“ Illinois	11	“ Venezuela, S. A.	2
“ Michigan	3	“ England	1
“ Ohio	30	“ Norway	1
“ Indiana	12	“ Costa Rica	1
“ Missouri	13	“ Mexico	1
“ Massachusetts	11	“ Canada	1
“ New Hampshire	1	“ Colorado	1

TABLE VIII.—*Showing the supposed causes of insanity in 5,535 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	519	454	973	Want of employment	38	1	39
Intemperance . .	384	33	417	Mortified pride .	2	1	3
Loss of property .	142	42	184	Celibacy	1	—	1
Dread of poverty .	3	2	5	Anxiety for wealth	2	—	2
Disappointed affections	28	46	74	Use of opium . .	9	12	21
Intense study . .	35	10	45	Use of tobacco . .	6	1	7
Domestic difficulties	41	73	114	Use of quack medicines	2	1	3
Fright	13	23	36	Puerperal state. .	—	208	208
Grief, loss of friends, &c.	70	211	281	Lactation too long continued . . .	—	10	10
Intense application to business . .	40	8	48	Uncontrolled passion	5	7	12
Religious excitement	71	101	172	Tight lacing . . .	—	1	1
Political excitement	13	—	13	Injuries of the head	65	6	71
Metaphysical speculations	1	—	1	Masturbation . .	75	—	75
Want of exercise .	6	2	8	Mental anxiety .	135	212	347
Engagement in duel	1	—	1	Exposure to cold .	3	1	4
Disappointed expectations	6	13	19	Exposure to direct rays of the sun .	52	2	54
Nostalgia	—	6	6	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	6	—	6
				Old age		1	1
				Unascertained . .	1160	1109	2269

TABLE IX.—*Showing the ages at which insanity first appeared in 5,535 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	13	4	17	Between 45 and 50	213	175	388
Between 10 and 15	45	51	96	“ 50 and 55	133	121	254
“ 15 and 20	273	275	548	“ 55 and 60	93	95	188
“ 20 and 25	542	468	1010	“ 60 and 65	71	51	122
“ 25 and 30	503	460	963	“ 65 and 70	26	17	43
“ 30 and 35	355	343	698	“ 70 and 75	16	12	28
“ 35 and 40	366	264	630	“ 75 and 80	11	5	16
“ 40 and 45	276	251	527	“ 80 and 85	1	6	7

TABLE X.—*Showing the forms of disease, for which 5,535 patients were admitted.*

	Males.	Females.	Total.
Mania	1295	1208	2503
Melancholia	669	842	1511
Monomania	437	333	770
Dementia	524	210	734
Delirium	12	5	17

TABLE XI.—*Showing the duration of the disease at the time of admission in 5,535 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . .	1451	1453	2904
Between 3 and 6 months . .	218	181	399
“ 6 months and 1 year . .	363	298	661
“ 1 and 2 years	367	248	615
“ 2 and 3 “	170	115	285
“ 3 and 4 “	88	68	156
“ 4 and 5 “	63	44	107
“ 5 and 10 “	108	95	203
“ 10 and 15 “	46	40	86
“ 15 and 20 “	23	27	50
“ 20 and 25 “	17	14	31
“ 25 and 30 “	11	9	20
“ 30 and 35 “	4	3	7
“ 35 and 40 “	4	—	4
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 5,535 cases.*

	M.	F.	T.		M.	F.	T.
				In the periodical cases,			
First attack	2122	1838	3960	10th 3 m. 6 f., 11th 2 m. 4 f.	5	10	15
Second "	458	433	891	12th 2 m. 3 f., 13th 1 m. 2 f.	3	5	8
Third "	140	162	302	14th 1 m. 3 f., 15th 1 m. .	2	3	5
Fourth "	76	67	143	16th 1 m., 17th 2 m. . . .	3	—	3
Fifth "	39	37	76	18th 4 m., 19th 2 m. . . .	6	—	6
Sixth "	52	12	64	20th & 21st each 1 m. & 1 f.	2	2	4
Seventh "	15	5	20	22d 1 m., and to 26th each 1 f	1	5	6
Eighth "	8	8	16	27th 2 f., 29th 1 f. . . .	—	3	3
Ninth "	5	4	9	30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 5,222 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured . . .	1358	1302	2660	1488	749	353	68	2
Much improved .	177	254	431	182	155	68	26	—
Improved . . .	448	401	849	301	251	136	161	—
Stationary . . .	424	213	637	206	139	96	195	1
Died	373	272	645	274	131	33	193	14

TABLE XIV.—*Showing the number of admissions, discharges, cures and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month . . .	437	444	196	62
2d "	426	305	155	43
3d "	496	411	213	54
4th "	537	396	190	59
5th "	536	477	234	59
6th "	535	465	233	40
7th "	452	487	251	63
8th "	440	490	258	67
9th "	426	435	237	55
10th "	448	455	242	46
11th "	403	434	218	47
12th "	399	423	233	50

GARDENS AND PLEASURE-GROUNDS.—The pleasure-grounds, embracing at the two departments almost one hundred acres of beautifully undulating land, with their fine trees and various improvements, and having nearly four miles of carriage-drives and as much brick or board walks, are invaluable as adjuncts in the proper management of an institution for the insane, and scarcely any, no matter what may have been their mental or physical condition, have ever been here for any length of time without deriving positive benefit from their regular and daily use.

That portion of the grounds cultivated as vegetable gardens has been gradually extended, and from them has been secured, as usual, a large supply of the best vegetables, with all the advantage of being furnished fresh and in good order, in addition to giving to the men one of the best and most pleasant forms of labor, of which a certain number of cases are every year glad to avail themselves.

WORKSHOPS AND MECHANICAL DEPARTMENT.—No change has been made in these during the past year. For those who are disposed to engage in mechanical pursuits, abundant facilities are always at hand, and, under the supervision of intelligent and skilful attendants, much work may thus often be advantageously done.

EVENING ENTERTAINMENTS, INSTRUCTION, AND AMUSEMENT OF THE PATIENTS.—There has been no abatement whatever in the care given to the evening entertainments in this institution. At the Department for Males,

during the past year, Dr. Jones has added materially to the out-door games in summer, and to the extent and variety of in-door amusements in the more inclement period of the year. At least three evenings of every week are devoted to entertainments of some kind in the lecture-room, while the billiard-rooms, the fine bowling-alleys, and the many other games are always ready for use. A series of officers' tea-parties has also been arranged, and carried out successfully. At the Department for Females the general evening entertainments are the same as reported last year. There has been no evening in the nine months of which the regular course consists, on which there was not something done for the special gratification of the patients. This course was the twenty-fourth, and, in some respects, was an advance upon all preceding ones. The stock of photographic pictures has been gradually increased. The patients' weekly tea-parties, attended by the officers and their families, and often by restored patients,—who have had great pleasure in again mingling with their former associates,—have been specially enjoyed. New interest has been taken in the gymnastic exercises; and a well-known citizen of Philadelphia has most kindly given a series of twenty-eight admirable readings, to the very great delight and increasing interest of the patients, who in large numbers have been present throughout the course. During the three months of summer vacation, the tea parties were held regularly, and the gymnastic exercises were continued on one, instead of two evenings of every week, and no evening entertainment has ever been omitted on any occasion throughout the entire year.

LIGHT GYMNASTICS.—Allusion has already been made to the continued success of the class in light gymnastics at the Department for Females, and every year gives additional evidence of the value of our arrangements in this particular. Under the efficient care of the able teacher of this branch of physical exercise, the class has kept up its interest steadily, and the evenings thus occupied seem to have been highly enjoyed by the large proportion of all the patients who attend regularly. The assistance given by the attendants, and a few others, who have specially appreciated its importance, has been of great service in promoting the entire success of the class, and in extending its usefulness. The fine hall put up expressly for the gymnastic exercises has continued to be used on many other occasions for concerts, exhibitions, and parties.

MUSEUMS AND READING-ROOMS.—The amount of reading-matter in these pleasant apartments, especially in those for the men, has been much increased, and moderate additions have been made to the libraries connected with both branches of the Hospital. With so many readers, and of such different tastes, a large and varied collection of books for the general library, and still more for the small libraries in the wards, which are always accessible to the patients, is extremely desirable. With moderate care, it is doubtful whether more books are lost or destroyed than in ordinary libraries in our large cities. The museums and their collections of curiosities are kept in good order, and contributions to them, or of reading-matter of almost any description, are always acceptable.

IMPROVEMENTS.—The latest important improvement made was the Fisher Ward, fully described in the report of last year. It has been steadily in use, and, although containing but few patients at any one time, has already shown its admirable adaptation to the purpose intended, and its great value in the economy of the institution. All its arrangements have proved entirely satisfactory, and especially those for heating and ventilation. With our experience here, it seems difficult to understand why writers on the subject of heating and ventilation so often insist that everything is yet in doubt in regard to these important questions. However it may stand with particular theories, the practical points seem to us to be well established, and there ought to be no difficulty in carrying out a plan that could hardly fail to be satisfactory for any new building, whose owner or managers adequately appreciate this most important part of their arrangements, and understand that the best and most efficient apparatus, whatever may be its first cost, is always cheapest in the end.

Although not yet under way, the liberality of a kind friend has enabled us to make arrangements for a new summer-house in the grounds at the Department for Females, and which it is proposed to complete early in the coming season.

All the steam-boilers about the premises, whether for heating or other purposes, have been arranged to meet the requirements of the law of Pennsylvania in regard to their inspection, and all have been duly examined and put in complete order. While on this subject, it may be interesting to state the fact that the Harrison Boiler, put up some years since, was found sufficient, during the past winter, to do the heating of almost the

whole of the Department for Females, and it has never given us trouble of any kind, while the sense of safety connected with its use is always a pleasant one.

RECEIPTS AND EXPENDITURES.—The following abstract of the receipts and expenditures at each department, during the year 1869, has been prepared, at my request, by the Stewards of the institution:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$19,096 35
Household expenses	31,607 90
Furniture	2,895 41
Lights	1,273 19
Fuel	7,284 27
Garden, grounds, live stock, and carriages	1,624 81
Grain and feed for stock	585 13
Repairs and improvements	5,509 20
Medicines	1,182 18
Amusement of patients	362 49
Stationery and printing	527 14
Library	120 45
Miscellaneous	167 96
Total expenditures	\$72,236 48
Net receipts	\$67,721 86
Average number of patients	159
“ “ of free patients	15
“ cost per week of each patient	\$8 72
Amount expended in 1869 on free patients	\$7,075 97

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$18,145 31
Household expenses	37,788 16
Furniture	3,373 88
Lights	1,941 68
Fuel	6,358 89
Garden, grounds, live stock, and carriages	2,326 53
Grain and feed for stock	2,906 97
Repairs and improvements	4,028 96
Medicines	1,059 54
Amusement of patients	213 25
Stationery and printing	625 84
Library	55 50
Miscellaneous	348 74
<hr/>	
Total expenditures	\$79,173 25
Net receipts	76,327 69
Average number of patients	171
“ “ of free patients	25
cost per week of each patient	\$8 91
Amount expended in 1869 on free patients	\$11,583 00

From the statements just made it will be seen, that as the average number of patients under care has been rather less than during the previous year, so has the weekly cost of each patient been slightly increased, the average number of free patients remaining nearly the same. The total amount expended on free patients in 1869 was \$18,658 97.

ACKNOWLEDGMENTS.—I have pleasure in acknowledging, as in every previous year, many evidences of

interest in the Hospital, and of a desire to add to the happiness of the patients and the welfare of the institution, many of these being of a character that cannot be detailed on the present occasion. To H. Kellogg we are indebted for \$100 towards the amusement fund; to "A Friend," whose liberality has been acknowledged on various previous occasions, for \$50 towards the same object; to Charles Wheeler for a handsome carriage for the use of the patients; to John Welsh for a valuable horse for the use of the ladies; to Francis Wells for a series of twenty-eight admirable readings to the patients; to Mrs. B. Taylor for \$400 for the special benefit of the Department for Females; to John Stott for \$48 for the amusement fund; to Benjamin H. Shoemaker for glass; to John Hinkle for two Southdown sheep; to Miss D. L. Dix for a number of slides for the magic lantern; to Dr. Hall for his "Journal of Health" for the Men's Reading-Room; to Franklin Peale for parlor skates; to A. B. Durand for various books and engravings; to George W. Childs for books, engravings, and newspapers; to the Choir of the Fourth Reformed Church for two concerts; to an Amateur Quartet Club for a fine concert; to Felix Shilling and family for two concerts; to a large number of ladies and gentlemen for vocal and instrumental music at various times, which gave very great gratification to the patients; to S. K. Murdoch for a reading from Shakspeare, &c.; to I. P. Morris & Co. for a deduction from bill of \$53; to F. Helmbold for a large lot of sea-shells; to Dr. I. P. Trimble for lectures on birds and the insect enemies of fruit-trees; to F. Pearson for three exhibitions of leger-demain; to Thomas Fitzgerald for two copies of the "City Item;" and to James W. Queen & Co. and Wm.

Y. McAllister for their continued kindness and liberality in adding to the means of amusement for the patients.

Dr. S. Preston Jones, as in the past ten years, continues to have the immediate care of the patients at the Department for Males, and his large and extended experience has added essentially to the efficiency of that branch of the institution. Dr. N. Roe Bradner has performed the duties of Second Assistant Physician since the resignation of Dr. Wilson in the early part of the year, while Joshua P. Edge continues to be Steward, and Harriet P. Smith Matron. At the Department for Females, Dr. William P. Moon remains as Assistant Physician, and, since the resignation of Jonathan Richards, so long acceptably connected with the Hospital, the positions of Steward and Matron have been filled by Joseph and Anne Jones. To all these especially, and to all others whose duties have brought them into intimate association with the patients, I have great pleasure in expressing my obligations for the valuable assistance received from them, and for all they have done to carry out heartily, both in letter and in spirit, the great objects of the Hospital, and thus to promote the real comfort, happiness, and restoration of the patients.

ATTENDANTS UPON THE INSANE.—The great importance of having in every hospital for the Insane, an efficient corps of attendants, is hardly anywhere thoroughly understood, nor the real value of the proper performance of the duties confided to them adequately appreciated, outside of these institutions.

A mere summary of the qualifications and traits of character that are desirable in an attendant, will satisfy any one how difficult it must be to procure exactly

what constitutes the high standard, towards which all should aim. Necessarily many will be found not calculated for the work, which requires natural traits of character that are far from being universal. It is no disparagement to those who try these places and fail, to be told that, whatever may be their abilities in other pursuits, they do not possess the qualifications that would make their services specially valuable among the insane. For a perfect attendant, there would be desirable a pleasant expression of face, gentleness of tone, speech, and manner, a fair amount of mental cultivation, imperturbable good temper, patience under the most trying provocations, coolness and courage in times of danger, cheerfulness without frivolity, industry, activity, and fertility of resources in unexpected emergencies. To these must be added a real interest in the work, a sympathy that cannot be questioned, sound moral character, good health, and that indefinable something, that can only be called *tact*, now and then seen very conspicuously, but the absence of which is always a serious disqualification, even to those of more than ordinary mental cultivation, of high religious professions, and having a real desire to be useful among the afflicted. It must be remembered, too, that the patience and good temper referred to must not be of that kind that do admirably during a casual visit, or for an hour, or even a single day, but they must go on day after day, often all day continuously and not unfrequently far into the night,—among a certain class, indeed it may be almost one's whole time, spent in the midst of what would be most trying to any one not truly self-sacrificing and really devoted to the work.

Such a standard of qualifications is a very high one, certainly, but it is what should constantly be aimed at,

even if not frequently obtained. The approach to it should be as near as the means and materials at command will permit. I am well aware that liberal wages alone, will not secure the qualifications that are desirable for attendants upon the insane, but when these are once found, no want of a reasonable amount of compensation should ever be permitted to allow those who have clearly manifested all the conscientiousness, fidelity, tact, and real ability that are desired, to leave this for any more profitable calling, as such persons might reasonably be expected to do, for the traits which go to make up the perfect attendant, are just those which are specially valuable in most other positions of life.

It must not be forgotten either, that attendants, in common with all others engaged in the care of the insane, must expect, now and then, to have all they do misunderstood, unappreciated, and misrepresented. They must anticipate the kindest treatment being often regarded as cruelty; they must bear calumny and abuse, where they had expected praise and gratitude; they will have to listen to charges utterly without foundation, or, if there is any basis for them, so stated as to give impressions exactly contrary to the truth. All this, and more, will occasionally come from some who have received from them the kindest and most self-sacrificing attention; but they must never forget that trying as all this is, it comes mostly from those whose reason has not been fully restored, that it is really, in such, an effect of actual disease, and that very often, those who thus act are not responsible persons. There is another small class who having, to casual observers, quite recovered, seem still to retain the impressions they received during the worst periods of their illness, and who spend their

time, with a pertinacity that in a good cause would be most commendable, in abusing and calumniating those to whom often they are really indebted for substantial benefits, and in slandering all who were in any way instrumental in placing them under treatment or in caring for them while under restraint. Although many of these persons seem well, there is good reason to believe that much of what they do, is to be attributed to a still existing morbid state of the brain, and especially so, if such proceedings are contrary to their natural characters. Everything that is dependent on disease, however obscure it may be, must be excused, and the sufferers deserve, and should receive a sincere sympathy. Unfortunately, however, the representations of such people not unfrequently influence others, who have no bad intentions, to acts of great injustice, and on such statements coming from those who are still deluded or malicious, without examination or inquiry, to found charges that do the greatest wrongs to individuals and institutions, and incidentally a great injury to whole communities.

Unpleasant as it may be for those who devote themselves to the care of the insane to bear all this in silence, as a proper degree of self-respect generally requires that they should do, still they may depend upon having abundant compensation, not only in the consciousness of having done their whole duty, but also in the approval of their labors by the wise and good, by all who take the trouble to examine the subject, and still more in the gratitude and thanks they are sure to receive from a very large proportion of those who come under their care. In my experience, there are few among the insane who recover perfectly, but have the most kindly feelings towards these institutions and those who have

been engaged in their care. Their constantly recurring visits, alone or with children and friends whom they desire to see where they have been restored to health, the oft-repeated requests, that in case of a return of the disease they should be promptly placed under the same care, with countless other evidences of a full appreciation of all the kind and patient attention they have received, of the value of what they have gained, and of a perfect realization of what they have been saved from, is surely a reward more than sufficient to compensate for all the injustice and obloquy to which those engaged in hospital duties may be exposed from any and every quarter. A single letter like one just received as I write, and the counterpart of which is no rarity, in which a restored patient after a few weeks in a happy home and with most cherished surroundings, cannot refrain from writing, "My heart often goes back to the dear old hospital and the friends left there, that I love so well and whom I so much wish to see again, and where so many of my happiest as well as some of my saddest days were spent * * *" is of itself an equivalent for almost any amount of calumny and detraction.

All that has been said shows not only the real importance of the position of attendants, but also from the nature of their duties, the necessity there is for a great variety of occupation, for frequent changes from the wards to the open air, for entire relaxation from time to time, and for a kind of mental resources that will prepare them for a renewed vigor on their return to duty.

SUPERVISION OF THE WARDS.—Acting with human agencies, imperfections are always to be anticipated,

and those who have charge of the insane, while securing the best assistance within their reach, must often be disappointed and compelled to make changes in order to insure the best results in the workings of an institution. A great amount of supervision therefore becomes desirable, not alone that the patients may receive the best and kindest treatment, but also that justice may be done to attendants, fidelity receive its proper credit, and inefficiency or impropriety of conduct be promptly detected. Another end to be attained is that the patients and their attendants may both have the advantage of seeing new faces, have other trains of thought excited, and be stimulated to fresh means of occupation and amusement. In all the past it has been a cherished object in the institution to steadily increase all our means of supervision. In addition to the two regular and the often unexpected visits, which the patients every day receive from one or both medical officers, at each department, the stewards and matrons lose no opportunity, in the performance of their prescribed duties, to do what they can in this particular. Besides all these, at the department for males there are two supervisors, whose duties are entirely among the patients, while at the department for females, there are one supervisor and two companions to those under care, and who, released from all labor in the wards, devote themselves to the comfort and well-being of the patients, each one making a daily written report to the chief medical officer of the respective departments. It is in this direction that increased expenditures may be profitably made. None, however, should be engaged in any of these posts without a clear understanding that whenever their services are not found to be specially desirable, they are not to

be pained if asked to engage in some other pursuit. The many high traits of character required for the perfect attendant, already detailed, are not less desirable in all who occupy any of these posts of supervision and companionship. In any one about the insane, a loss of interest in the work, even where no glaring fault has been committed, should always be regarded as a disqualification. For efficient supervision in any position, with the other traits of capacity, should be combined, special good judgment in dealing with the sane, often quite as difficult a task as that of managing the insane.

THE NEW LAW REGARDING THE INSANE.—As anticipated at the date of my last report, the Legislature of Pennsylvania, during the session of 1869, passed "An Act to provide for the admission of certain classes of the Insane into Hospitals for the Insane in this Commonwealth, and their discharge therefrom," and under the provisions of which law all such cases are now received.

Until the passage of this act, during a period of over one hundred and seventeen years, the form of proceeding in use in this State, was substantially that originally adopted by the Managers of the Pennsylvania Hospital, and subsequently followed by the other institutions as they were established; but there was no specific law on the subject. Custom seemed to have made this mode of giving the insane the benefits of hospital treatment, the common law, and the necessities of the case caused nearly every one to consider it, as did the distinguished Chief Justice Shaw, as based on "the great law of humanity." In Pennsylvania it certainly was so regarded until within a few years, not only by the courts, but by the

legislatures of that long period, as well as by the public generally. They believed it to be all that was required to secure the best interests of the insane and of the community. Often, for a very long series of years, nothing occurred to cause dissatisfaction with this humane practice in any quarter. In the entire period already referred to, probably about one case in a hundred, of all the patients admitted, presented peculiarities which would have rendered a preliminary legal investigation desirable to all parties; but the extreme rarity of these disputed cases, caused the law-making power to hesitate about subjecting all others to additional trouble on their account, or doing anything that might in any way interfere with the very proper desire to secure that early and enlightened treatment, which all experience had shown to be essential for the cure of insanity.

This system, so long in use and so generally with satisfaction, undoubtedly had its advantages, but it must also be acknowledged that it was not without disadvantages; and, several years since, those who were specially interested in the care of the insane decided, with great unanimity, that it was desirable that there should be, everywhere, some legal enactments in regard to the admission, and detention of, patients in hospitals for the insane. Acting under this conviction, "the Association of Medical Superintendents of American Institutions for the Insane" had the subject formally under consideration and in the hands of a committee for several years previous to 1868. At the meeting in Boston in that year, a project of a law was adopted with great unanimity, and recommended to the consideration of the legislatures of all the States that had not already made some positive statutory provision on the subject.

The Medical Society of the State of Pennsylvania, appreciating the force of the reasons assigned for this action, at its meeting in Harrisburg in the same year, appointed a highly intelligent committee on the subject, and directed them to prepare a memorial to the Legislature, and to present it, with a bill that it was believed would meet all the requirements of the case, and which, although less full than that adopted by the Association of Hospital Superintendents, was in all its most important provisions substantially based upon it. This action of the State Medical Society, and the able report of its committee, led to early action on the part of the Legislature. The memorial and the proposed law were referred to the Judiciary Committee of the Senate, who, after carefully examining the subject, and hearing the views of those who were specially familiar with the wants of the insane, and of others who felt an interest in the matter, reported an act, which, after certain amendments, passed both houses, and received the approval of the Governor, in the form in which it now stands.

The first section of this law provides "that insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives or friends in case they have no guardians, but never without the certificate of two or more reputable physicians, after a personal examination, made within one week of the date thereof, and this certificate to be duly acknowledged and sworn to or affirmed before some magistrate or judicial officer, who shall certify to the genuineness of the signatures and to the respectability of the signers." The attention of those wishing to provide accommodations for their friends who are insane, is specially called to

the provisions of this and also to the sixth and ninth sections, which detail the different modes by which patients may be sent to a hospital for care and treatment.

There is provision made in this sixth section as follows, viz: "Insane persons may be placed in a hospital by order of any court or law judge, after the following course of proceedings, namely: on statement in writing of any respectable person that a certain person is insane, and that the welfare of himself and others requires his restraint, it shall be the duty of the judge to appoint immediately a commission, who shall inquire into and report the facts of the case; this commission shall be composed of three persons, one of whom, at least, shall be a physician, and another a lawyer; in their inquiry they shall hear such evidence as may be offered, touching the merits of the case, as well as the statements of the party complained of, or of his counsel; if in his opinion it is a suitable case for confinement, the judge shall issue his warrant for such disposition of the insane person as will secure the object of the measure."

So section ninth provides that "if it shall be made to appear to any law judge that a certain insane person is manifestly suffering from want of proper care or treatment, he shall order such person to be placed in some hospital for the insane, at the expense of those who are legally bound to maintain such insane person; but no such order shall be made without due notice of the application therefor shall have been served upon the persons to be affected thereby, and hearing had thereon."

Those who will take the trouble to examine the law passed by the Legislature of Pennsylvania at its late session, and compare it with the "project of a law regarding the insane," adopted by the Association of

Hospital Superintendents, in June 1868, and the sketch of a law prepared by the Committee of the Pennsylvania State Medical Society, and which with their memorial was presented to the Legislature at the commencement of its session of 1869, will see in how many important particulars the Legislature adopted the recommendations of these two bodies; sections 1st, 4th, 5th, 6th, 7th, 8th, 9th and 10th, being almost entirely in the words used and recommended by them. Section 2d, in regard to communications with counsel, section 3d, changing somewhat the mode of proceeding in regard to the writ of habeas corpus (which of course could always be resorted to, and which even the Legislature could not interfere with), and section 11, reciting that nothing in the act should be so construed as to deprive either the insane or "habitual drunkards from the benefit of any remedy guaranteed to them by existing laws," being the only ones that were adopted on the suggestion of other parties.

It is gratifying that in this first legislation in regard to the admission of patients into our hospitals for the insane, there should have been so much uniformity of sentiment in regard to the most important provisions of the law, between the Association of Hospital Superintendents, the State Medical Society and the Legislature,—for the interests of all are identical; to secure the care and cure of the patients and the best welfare of society.

The recommendation of a public jury trial, before any one suffering from insanity could obtain the benefits of treatment in a hospital, was too preposterous a proposition to receive serious attention from the Legislature, and it is to be hoped that no other State will ever

follow the single one which has allowed systematic misrepresentation, passion, and prejudice to induce it by positive law, to compel all classes of cases, even delicate females, just from beds of sickness, and in a condition that of all others appeals most forcibly to the sympathies of every man of ordinary sensibility, to be taken into open court and held there by force, while all the tedious forms of law are gone through with, and a case decided, about which a child of ten years could hardly have a doubt. It is to be hoped, too, that this single State, while acting under the specious plea of guarding personal liberty, will ever be allowed to stand alone in legalizing such refined cruelty, worthy of the darkest period of the last century and a reproach to the age in which we live. Such legislation anywhere must lead, as it has there, to insanity being spoken of as though it were a crime, to these legal proceedings being regarded as a trial for crime would be, to patients being referred to, as adjudged to be guilty or not guilty, convicted or acquitted, just as they would be if accused of a felony.

It is fearful to contemplate how much suffering must have been borne in silence by families before they could submit to such wanton exposure of their loved ones, and how many minds may have passed into that state from which there is little hope of restoration, while the friends of patients were trying by all kinds of expedients, to save themselves from what the authority of law had made imperative, before they could do what they really thought to be best for the suffering members of their households.

Those sections of the new law which refer to acquittals on the ground of insanity, in criminal suits, are very important, and must certainly be regarded as a

great advance in the right direction. They can hardly fail to entirely prevent those exhibitions of individuals being seen at full liberty, who had but a little time before committed the most dreadful acts; and, it is well known that the frequent occurrence of such cases had very nearly brought all acquittals on the ground of insanity, and the plea of insanity itself, into universal disrepute.

The present law provides that under any circumstance, every one acquitted in a criminal suit on the ground of insanity must be sent, for at least three months, to some suitable place for safe-keeping and treatment, before the judge will investigate his claims for a discharge; and if it be a case of homicide or attempted homicide, no one can "be discharged unless in the unanimous opinion of the superintendent and managers of the hospital and the court before which he or she was tried, he or she has recovered and is safe to be at large."

Since the passage of the act of April, 1869, only two cases from this institution have been adjudicated by the courts. The first was sent to the Hospital by order of court, and the patient was directed to be detained there "till discharged by due course of law." This was accordingly done by another order of court, after the patient had been a resident of the institution for a few weeks. The other case was one of a chronic character, the patient having been long in the Hospital, and in which the discharge was asked for by parties in no way connected with him, on the ground that he was not dangerous, and therefore ought to be at large. This case was very carefully heard and examined by the Hon. James R. Ludlow, one of the Judges of the Court of Common Pleas of Philadelphia, who, in remanding the

patient to the care of the Hospital, delivered an elaborate opinion, analyzing many of the provisions of the new law, and laying down enlightened principles in regard to the care of the insane, which seem to have received almost universal commendation from the press and the public, as well as from those more particularly devoted to the care of the insane.

This opinion of Judge Ludlow is regarded as important, for in future cases, I trust it will become the ordinary course of the authorities of this Hospital, in replying to writs of *habeas corpus*, to simply state the facts of the case, and then to leave to the court the entire responsibility of ordering a discharge;—a responsibility, which very often the officers of the Hospital, familiar as they are with insanity, its peculiarities and its wants, are not willing to, and cannot conscientiously assume.

The officers of the Hospital can have no other motive to wish the detention of any patient, than a desire to promote his welfare, the relief of his family, and the protection of the community. And they cannot but regard all proceedings that seem to make them any other kind of parties to a case, as placing them in a false position before the public. At the same time, they would be recreant to the high trust confided to them, if they did not frankly express their convictions, no matter whether they are satisfactory or unsatisfactory to others, or receive approbation or condemnation. Judging by the past, they will only have to wait patiently for the development of facts in these so-called doubtful cases, for the correction of wrong. If they do this, they will rarely fail, sooner or later, to secure a righteous judg-

ment, and to have fully established the entire soundness of their views regarding them.

It is a subject for sincere congratulation that of all the cases from this Hospital in which judicial proceedings have been instituted, and decisions rendered in favor of the discharge of the patients, when the officers of the Hospital considered it premature and unwise, there has never been one where the courts decided that the admission was improper or the patient not insane. Nor has there ever been one in regard to which all experts have not agreed, not only in reference to the insanity of the patients, but also as respects the propriety of their being subjected to hospital treatment; and in nearly every one of these cases, the correctness of these opinions has been abundantly confirmed by subsequent observations, by the decisions of regular commissions of lunacy, or by the patients being again sent to the Hospital by special orders from the courts.

So far as institutions for the insane and their officers are concerned, they are clearly placed in a much better position by this law than they were previously, inasmuch as they now have a positive legal enactment in the place of what, absolutely necessary though it was deemed in every humane and Christian community, was nevertheless done only by the acquiescence of the public and the wise concurrence of the courts. The officers of hospitals may, like the judges of the courts, it is true, be somewhat annoyed, and their time taken from more important duties, by proceedings instituted from improper motives and by irresponsible or malicious individuals, but no more than this is likely to result to them, whatever may be the effect of such action upon the insane who are under treatment, by keeping them

in an unsettled and excited condition of mind, at the very period of their disease when rest and quiet are particularly important.

Under the new forms, some additional trouble and expense are unavoidably entailed on patients and their friends in securing admission, and this in perfectly plain cases, and where the parties are in very humble circumstances, is often complained of; but in most respects, with the exceptions already named, my impression is that the operation of the law has been thus far generally satisfactory. Even although the law does not give, as some may suppose, any great additional security to the insane or better protect the public, it has still done what is really of no small importance, it has satisfied many who had been led,—no matter by what means, nor whether justly or unjustly,—to believe that incidents were constantly occurring which proved that there was a real necessity for additional and special legislation in regard to the insane.

IMPORTANCE OF A SOUND PUBLIC OPINION IN REGARD TO INSANITY AND ITS TREATMENT.—The progress made in the public mind in regard to insanity and the treatment of the disease during the past fifty years, has unquestionably been great, and in most respects eminently satisfactory. A comparison of the provision now made for this unfortunate class, and of the treatment adopted in all well-regulated hospitals, with what were almost universal at the commencement of the present and latter part of the past century, must be cheering to every philanthropist, and offers the highest encouragement for future labors in the same direction. With all this, however, it must be acknowledged that the work of

enlightening the public mind is only fairly begun. Believing that the principles that should regulate the future provision for the insane are now well established, at least, with most practical men, the recognition of the true character of insanity, of the requisites for its treatment, and of what is due to those who have suffered from this grave malady, it would seem, ought no longer to be in dispute anywhere. Still, conceding all this, it cannot be denied that there are almost daily evidences, even in quarters where it could hardly have been anticipated, of a profound misapprehension of the nature of this disease, of its requirements, and of the character, objects, and uses of institutions for its treatment; and not unfrequently a disposition is manifested to reopen questions that have been settled by the highest authority, or to experiment anew, in what can hardly fail to prove failures. This is unfortunate in every respect, for it tends more or less to interfere with that kind of care and attention that leads to the removal of the disease, and prevents its recurrence, while it also places those who have suffered from it in a false position when they have again resumed their places in society. For this reason it will always be pardonable to recur again and again to subjects that ought to be settled, and to give, year after year, the views which are based on a careful and extended experience; and no apology is deemed necessary for the seeming repetitions that are to be found in documents emanating from institutions for the insane.

What the public want to be taught are facts and principles about which there ought to be no dispute among those who are familiar with the subject. And first, as to the nature of insanity; for until this disease

is universally regarded, as other diseases are, and as one to which every person is liable, those who suffer from it will never receive the proper sympathy from their fellow men. Being a functional disease of the brain, it can no more be a reproach to any one, than would be a functional disease of the heart or stomach, or any other organ of the body. A brain and a certain combination of circumstances, physical and moral, are all that are needed to render possible its development in any one, no matter what may be the traits of character, or the social and other surroundings that have been thought to give immunity from this kind of affliction. This is the first great lesson that many, well informed on most other subjects, have yet to learn. Next to this comes the encouraging fact that, with early and proper treatment, insanity is quite as curable as most other serious maladies; perseverance rarely failing to bring its rewards, and often most unexpectedly. While not less cheering is the belief that once thoroughly cured of insanity, most persons, with proper care, will be much more safe than those who have never had an attack, but who live in disregard of natural laws. Another axiom is, that while some cases get well at home, and do not require a removal from familiar scenes and associations, it must be acknowledged that for a very large proportion of all that occur, this separation is almost indispensable for securing a recovery. The Christian spirit of the age, and the labors of benevolent men and women in nearly every enlightened country, have provided a class of institutions that offer advantages that can nowhere else be obtained for the great mass of the people. Insanity, then, being placed in the same category as other diseases, with the peculiarity

that the most luxurious of homes, conjoined with the happiest surroundings, are not commonly the best places for its treatment, these institutions, thus provided from the necessities of the case, become real hospitals, and nothing else, just as much as the like provision made for treating fever, or any other forms of sickness. The attempt to bring these hospitals for the insane into disrepute by applying to them and those connected with them the offensive epithets that belong to a past generation, can have no justification, and is unworthy of any honorable man. The public should learn that it is really of importance that the terms used in reference to this disease, the institutions for its treatment, and those connected with them, should be such as are employed when speaking of the same persons or things in any other hospital, in a private mansion, a hotel, or a boarding-house. A room for the sick, or a parlor, or a hall in a hospital, should be so called, as much there as in any other structure; and a nurse or an attendant on the insane is as much a nurse or an attendant in a hospital as in a private house and in a case of fever. So a proper degree of restraint is no more imprisonment when used in a hospital than it is in a private family, no more so when applied to a case of insanity than in the delirium of fever, nor is that kindly interference which prevents personal injury, soothes excitement, and protects others, any more reprehensible in the one case than the other. The remedy which does all this, and aids in the recovery of the patient, no matter what it is, should have a generous recognition. Even mechanical means of restraint, in certain exceptional cases, few as they are in number, may be a most beneficent provision, acting better than human hands,—controlled as these are by human

passions,—and often, beyond all doubt, helping to save valuable lives that must otherwise have been lost.

The public, too, should learn that it is not only humanity and practical Christianity for the State to make suitable provision for all the insane that require hospital accommodations, but that there is real economy in such a course; for even if patients were treated at the highest rate of board for a few weeks or months, and cured, it must be much less costly than would be a life support of the incurable and perhaps of those dependent on him, on the lowest scale of subsistence, to say nothing of adding to the wealth of the State by changing what was only a consumer into an active producer. It should, then, on every ground of right and expediency be regarded by legislators as one of the duties which the State owes to the people, that not a part, but all who suffer from mental disease, should have the best chance for their restoration, or if that cannot be attained, all the comforts of which their condition is susceptible, and that the public should have a protection from the acts of irresponsible persons, which every day's record of passing events shows is not now properly secured to them.

Coming to our own community and our own institution, it is a matter of surprise how many persons seem to be quite unfamiliar with the history of the provision for the insane in Pennsylvania, and not less so of the real character of that provision at the present day. Without going into extended details, there are certain facts that ought to be known to every citizen of this commonwealth, and especially of our good city of Philadelphia, and without a knowledge of which no one can feel the proper pride in our institutions, or appreciate their true importance.

Every one amongst us, at this day, ought certainly to know that the Pennsylvania Hospital, established in Philadelphia in the year 1751, by the efforts of private individuals, was the first provision for the care and treatment of the insane in America. All should be proud to know that in the great work it has since accomplished and which it is now doing,—with the exception of some aid towards the erection of the original building at Eighth and Pine Streets, in the city of Philadelphia,—it has never received any aid to any one of its departments from city, county, or State, but has always relied for its means of usefulness upon the liberality and benevolence of private citizens. No one should be ignorant that beginning in a private house in Market Street, then with a few humble apartments in the southeast corner of the basement story of the building at Eighth and Pine Streets, the accommodations for the insane were gradually extended, as the wants of the community required it, first to the west wing of the present hospital in the city in 1796, then in 1841 to what is now the department for females of the Pennsylvania Hospital for the Insane, on a farm of more than one hundred acres, two miles west of the River Schuylkill, and that they were brought to their present state of efficiency by the opening of the department for males, west of the building last referred to, in the year 1859; the first of these being provided entirely from the sale of certain vacant lots belonging to the hospital, in Philadelphia, and the last, erected and furnished at a cost of \$355,907.57, the whole of which was contributed, on a simple appeal for that object, by benevolent citizens of different parts of the country, but especially of Philadelphia.

It is easy to learn, and all should know, that all these

spacious buildings and extensive grounds thus provided for the benefit of the afflicted, and everything added, as far as was compatible with the means of the institution, that was believed likely to increase its efficiency, are freely offered as a means of restoration to those afflicted with mental disorder, of comfort and security to those who cannot be restored, and of protection to the community; but no one is solicited to enter their doors, and no one connected with the hospital has any more interest in having any patient do so, than must belong to every humane person anxious to alleviate the afflictions of his fellow-men.

A very little inquiry will teach all that in a hospital arranged like this, with separate buildings for the two sexes, there is an amount of classification far beyond what was formerly possible, and that of each sex no less than sixteen distinct classes are provided for, while the arrangements for supervision and attendance are of a greatly advanced order, and the means of exercise, occupation, and amusement proportionably increased.

It is desirable, too, that all should know that those who have provided so many of these accommodations from their private means, comprise a list in which are the names of many of Philadelphia's most honored and trusted citizens, that its managers, selected by these contributors, are not less well known, and give freely of their time and not rarely of their money to add to the efficiency of the institution.

It would be an insult to the common sense of a community like ours to suppose any one could seriously believe that such men, or the resident officers appointed by them,—whose compensation is in no way dependent on or regulated by the number or class of their pa-

tients,—could have any selfish personal interest to promote, by their efforts to extend the sphere of usefulness of the institution, or by offering, as they do freely, whatever advantages it possesses to all the suffering, without regard to residence, sect, or calling.

Many, too, seem not to know that all this hospital receives is expended for the benefit of its patients, that its receipts rarely equal its expenditures, and that while the wealthy are expected to pay reasonably for their accommodations—but much less than the same advantages would cost elsewhere than in a hospital—a large number are always under treatment for whom no charge whatever is made, besides several who pay much less than the actual cost of their support; as much as \$18,614.65 having been expended on free patients during the year just closed, and no less than \$285,599.33 in the twenty-nine years that the insane have been on the west side of the Schuylkill; while during the same period, a far greater amount has been expended on the recipients of the charity of the hospital for the sick and accidents, at Eighth and Pine Streets.

All these are facts, about which there can be no dispute, and of which no one among us should at this day be ignorant. It may fairly be claimed that they are eminently creditable to our forefathers as well as to our citizens generally, and certainly detract nothing from the fair fame of Philadelphia, for a wise and enlightened benevolence.

CONCLUSION.—I cannot close this Report without an acknowledgment of the many marks of confidence which this institution has received from various parts of the country during the year just ended, nor without a re-

newed expression of gratitude to Almighty Providence for its preservation from the many great calamities to which we are exposed, for the success which has attended its operations, and for the more than ordinary amount of relief which it has afforded to the afflicted. It has now a capacity for usefulness much beyond the means at its command, and there never was a time when increased resources could be more advantageously used. I once more commend it and all its great interests to your continued care and to the generous sympathies of that community to which it owes its existence, and by which it has been thus far so liberally sustained.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane, }
 1st mo. 1st, 1870. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish certificates

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1859. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of —— made within one week of the date of this certificate, we find —— to be insane, and a proper subject for hospital treatment.

_____, 1870. _____ M. D.
 _____, 1870. _____ M. D.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and —— to before me, this —— of —— 1870, that the signatures thereto are genuine, and that the signers are physicians of respectability.

_____ [L. S.]

APPLICATION.

I request that the above-named —— may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ 1870.

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of ——— being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.†

Witness our hands the ——— day of ———, 1870.

————— [L. S.]

————— [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement now manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *pre-meditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.





THE FEMALE SEMINARY IN TENNESSEE.
DESIGNED BY J. H. HARRIS.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1870.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA.

1871.

COLLINS, PRINTER.

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Department for Males.

ASSISTANT PHYSICIAN.

S. PRESTON JONES, M. D.

2^d ASSISTANT PHYSICIAN.

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HANNAH P. SAGER.

Department for Females.

ASSISTANT PHYSICIAN.

WILLIAM P. MOON, M. D.

STEWARD.

JOSEPH JONES.

MATRON.

ANNE JONES.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN obedience to the requirements of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his thirtieth annual report.

At the date of the last report, there were 313 patients in the institution, since which 261 have been admitted, and 230 have been discharged or have died, leaving 344 under care at the close of the year.

The total number of patients in the hospital, during the year, was 574. The highest number at any one time was 370; the lowest was 313; and the average number under treatment during the whole period was 344,—170 males and 174 females.

The number of males in the hospital during the year was 299, and the number of females was 275. The highest number of males at any one time was 181, and the highest number of females was 192. At the beginning of the year there were 157 males and 156 females. At this date there are 169 males and 175 females. The number of males admitted during the year was 142, and the number of females 119.

Of the patients discharged during the year 1870, were—

	Males.	Females.	Total.
Cured	45	49	94
Much improved	3	8	11
Improved	36	15	51
Stationary	30	9	39
Died	16	19	35
	<hr/>	<hr/>	<hr/>
Total	130	100	230

Of the patients discharged "cured," thirty-five were residents of the hospital not exceeding three months; twenty-six between three and six months; twenty-three between six months and one year; and ten for more than one year.

Of those discharged "much improved," three were under treatment less than three months; five between three and six months; one between six months and one year; and two for more than one year.

Of the "improved," seventeen were under care less than three months; sixteen between three and six months; twelve between six months and one year; and six for more than one year.

Of those discharged and reported "stationary," sixteen were under care less than three months; seven between three and six months; seven between six months and one year; and nine for a longer period than one year.

Sixteen males and nineteen females have died during the year. Of these deaths, nine resulted from acute mania; three from softening of the brain; four from the exhaustion of chronic mania and a refusal of food; four from old age; three from paralysis; one from epilepsy; one from suicide; two from chronic diarrhœa; one from pyæmia; one from apoplexy; one from lead

poisoning; two from consumption; one from typhoid fever; one from disease of the heart; and one from chronic inflammation of the bowels.

Of the patients who died, eighteen were admitted for mania; nine for melancholia; two for monomania; and six for dementia.

Of those who died, fifteen were in the house less than one month; four between one and two months; four between two and three months; two between three and six months; one between six months and one year; and nine for more than one year. Of these last, one male had been forty-five years in one or the other branch of the hospital; one female had been fifty-eight years, and another female more than forty-eight years.

The importance of annual reports from all institutions for the insane is now everywhere recognized, and all the facts that can be collected are sought after, not alone to show, as far as is possible, the results that have been attained during the year, but also for the purpose of diffusing correct information on the whole subject. The number of new readers of these reports is every year quite large enough to justify the seeming repetitions that are often found in them, and as long as erroneous opinions are at all prevalent, the truth cannot be too often repeated.

STATISTICAL TABLES.—The statistical tables in this report embrace all the cases admitted into this Hospital since its opening, on the 1st day of 1841, a period of just thirty years. As the numbers increase, and the period of observation is extended, all such tables have a greater value. The subject of statistics is now under the special care of a committee of "The Association of

Medical Superintendents of American Institutions for the Insane," the able report of whose chairman,—who is everywhere known for his labors in this direction,—will receive the special attention of that body at its next meeting, and its deliberations, it is to be hoped, will result in a greater uniformity in reporting, and in other results that will be satisfactory to all who are interested in this subject, which has a real importance for all classes.

All facts are valuable, and twelve of these tables, it will be observed, give only matters of fact, about which there can hardly be a question. There are only two in which there is room for doubt,—the table of causes, and of the actual state, when discharged. The value of these must always depend upon the ability of the observer and the care devoted to the investigation.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	3079	2717	5796
Discharges	2910	2542	5452
Remain	169	175	344

TABLE II.—*Showing the ages of 5,796 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	218	168	386
Between 10 and 15	8	16	24	“ 55 and 60	136	111	247
“ 15 and 20	163	162	325	“ 60 and 65	115	88	203
“ 20 and 25	450	387	837	“ 65 and 70	41	66	107
“ 25 and 30	454	430	884	“ 70 and 75	43	44	87
“ 30 and 35	395	356	751	“ 75 and 80	21	14	35
“ 35 and 40	420	331	751	“ 80 and 85	4	7	11
“ 40 and 45	321	306	627	“ 85 and 90	—	—	—
“ 45 and 50	288	227	515	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 3,079 male patients.*

Farmers	386	Tanners	6
Merchants	300	Artists	20
Clerks	263	Hairdressers	2
Physicians	62	Police Officers	9
Lawyers	60	Machinists	58
Clergymen	35	Plane-maker	1
Masons	24	Iron-masters	2
Umbrella-makers	3	Weavers	32
Printers	34	Bricklayers	12
Teachers	44	Brickmakers	5
Officers of the Army	10	Sail-makers	6
“ “ Navy	16	Coopers	4
Students	58	Jewellers	15
“ of Medicine	16	Potter	1
“ of Law	8	Chair & Cabinet makers	33
“ of Divinity	9	Blacksmiths	39
Saddlers	14	Watchmakers	7
Peddlers	17	Hotel Keepers	40
Tobacconists	24	Second-hand dealers	3
Carpenters	95	Cap Manufacturer	1
Bakers	18	Locksmiths	3
Seamen and Watermen	59	Millers	15
Planters	29	Glassblowers	3
Manufacturers	67	Wheelwrights	7
Coachmen	7	Gardeners	18
Druggists	31	Chemists	5
Laborers	240	Print Cutters	2
Engineers	17	Curriers	2
Plasterers	17	Tailors	43
Bank Officer	1	Shoemakers	91
Conveyancers	6	Brokers	8
Bookbinders	12	Waiter	1
Hatters	9	Stove-makers	3
Rope-makers	3	Dentists	3
Tinmen	20	Victuallers	15
Painters	26	Soldiers U. S. A. . . .	19
Brush-makers	2	Brewers	3
Paper-hangers	2	Coach-trimmers	2
Boat-builder	1	Auctioneers	2
Carvers	2	Plumbers	5
Confectioners	13	Type Founders	3
Coach-makers	8	Telegraph Operators	2
Public Officers	5	Whip-maker	1
Shipwrights	2	Silversmiths	3
Collector	1	Photographer	1
Nurses	2	Wire-worker	1
Soap-maker	1	Upholsterers	4
Contractors	2	Drovers	5
Authors	3	Brass Founder	1
Apprentices	3	No occupation	425

TABLE IV.—*Showing the occupation of 2,717 female patients.*

Seamstresses, or Mantua-makers	260	Wives of Saddlers	4
Storekeepers	26	“ Printers	7
Attendants in stores	16	“ Machinists	30
Cigar-makers	3	“ Masons	3
Teachers	73	“ Painters	2
Domestics	268	“ Stage Owners	2
Nurses	23	“ Cutler	1
Artists	4	“ Bank Officers	8
Factory Girls	8	“ Innkeepers	30
Physician	1	“ Book-binders	3
Sister of Charity	1	“ Tinmen	2
Clerks	2	“ Editors	5
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Plasterers	4
<i>Daughters</i> of Farmers	127	“ Engineers	13
“ Merchants	154	“ Artists	10
“ Masons	4	“ Bricklayers	2
“ Bank Officers	5	“ Paper-makers	2
“ Weavers	19	“ Collectors	5
“ Laborers	21	“ Brickmakers	5
“ Sea Captains	4	“ Seamen	13
“ Auctioneer	1	“ Merchants	174
“ Innkeepers	8	“ Physicians	17
“ Teachers	11	“ Lawyers and Judges	35
“ Carpenters	12	“ Shoemakers	35
“ Paper-makers	2	“ Hatters	6
“ Physicians	13	“ Cabinet-makers	17
“ Planters	30	“ Laborers	157
“ Watchmaker	1	“ Grocers	7
“ Curriers	3	“ Clergymen	25
“ Clerks	30	“ Tobacconists	6
“ Engineers	2	“ Weavers	15
“ Clergymen	18	“ Sea Captains	2
“ Miller	1	“ Victuallers	8
“ Public Officers	21	“ Brush-makers	2
“ Officers of Army	2	“ Tailors	20
“ “ Navy	1	“ Millers	7
“ Lawyers	22	“ Police Officers	7
“ Machinists	6	“ Carpenters	37
“ Bricklayers	2	“ Druggists	14
“ Chair-maker	1	“ Planters	12
“ Manufacturers	11	“ Peddlers	6
“ Tailors	7	“ Manufacturers	48
“ Waterman	1	“ Broker	1
“ Bakers	4	“ Tanners	11
“ Printers	4	“ Officers of the Army	9
“ Shoemakers	4	“ “ Navy	1
“ Druggists	2	“ Plumbers	3
“ Artists	3	“ Blacksmiths	9
“ Brickmaker	1	“ Bakers	4
“ Blacksmiths	2	“ Confectioners	3
“ Dentists	3	“ Hair-dressers	2
“ Victualler	1	“ Contractors	4
“ Saddler	1	“ Dentists	3
Of the <i>Married</i> similarly situated, were—		“ Watchmakers	4
Wives of Clerks	71	“ Public Officers	4
“ Teachers	12	“ Brewers	2
“ Farmers	215	Of the <i>Widows</i> similarly situated, were—	
“ Brass Founders	4	Widows of Merchants	52
“ Gardeners	6	“ Physicians	15
		“ Public Officers	11
		“ Sea Captains	7

TABLE IV.—Continued.

Widows of Hotel Keepers . .	6	Widows of Bricklayers . .	2
“ Shoemakers . . .	21	“ Painters . . .	2
“ Clergymen . . .	4	“ Seamen . . .	7
“ Farmers . . .	55	“ Engravers . . .	2
“ Coopers . . .	3	“ Engineers . . .	5
“ Laborers . . .	39	“ Machinists . . .	6
“ Manufacturers . .	14	“ Masons . . .	2
“ Lawyers . . .	4	“ Printer . . .	1
“ Carpenters . . .	5	“ Blacksmith . . .	1
“ Clerks . . .	14	“ Baker . . .	1
“ Tanner . . .	2	“ Druggist . . .	1
“ Teachers . . .	2	“ Musician . . .	1
“ Planters . . .	6		

TABLE V.—Showing the number of single, married, widows, and widowers in 5,796 patients.

	Males.	Females.	Total.
Single	1531	1130	2661
Married	1408	1237	2645
Widows	—	350	350
Widowers	140	—	140

TABLE VI.—Showing the nativity of 5,796 patients.

Natives of Pennsylvania	3126	Natives of Nova Scotia	2
“ New Jersey	273	“ Canada	15
“ Delaware	135	“ France	19
“ Maryland	166	“ England	241
“ Virginia	78	“ Scotland	37
“ North Carolina	48	“ Ireland	735
“ South Carolina	48	“ Germany	325
“ Georgia	23	“ Poland	8
“ Alabama	15	“ Prussia	14
“ Tennessee	21	“ Switzerland	6
“ Indiana	7	“ Bermuda, W. I.	2
“ Kentucky	25	“ Jamaica, “	1
“ D. of Columbia	16	“ St. Domingo, “	4
“ Maine	16	“ Barbadoes, “	4
“ Massachusetts	60	“ Cuba, “	8
“ Connecticut	35	“ Guadaloupe, “	1
“ Missouri	9	“ Martinique, “	1
“ Ohio	28	“ St. Croix, “	1
“ New Hampshire	9	“ St. Thomas	1
“ Louisiana	19	“ Isl. of Madeira	1
“ Rhode Island	11	“ Isle of Man	1
“ New York	159	“ Spain	2
“ Mississippi	7	“ Italy	2
“ Vermont	4	“ Denmark	3
“ West Virginia	3	“ Holland	2
“ Michigan	2	“ Austria	4
“ Iowa	1	“ Bavaria	3
“ Texas	1	“ Venezuela, S. A.	1
“ Illinois	2	“ Norway	1
“ Florida	1	“ Costa Rica	1
“ Sicily	1	Born at Sea	1

TABLE VII.—*Showing the residence of 5,796 patients.*

Residents of Pennsylvania	4814	Residents of Connecticut	6
“ New Jersey	183	“ Maine	3
“ Delaware	107	“ Rhode Island	5
“ Maryland	128	“ New York	118
“ Virginia	57	“ Florida	1
“ West Virginia	6	“ Wisconsin	1
“ D. of Columbia	26	“ California	3
“ North Carolina	43	“ Oregon	1
“ South Carolina	32	“ Minnesota	2
“ Georgia	25	“ Kansas	1
“ Alabama	18	“ Montana	1
“ Louisiana	33	“ Colorado	1
“ Tennessee	13	“ Jamaica, W. I.	1
“ Kentucky	19	“ Barbadoes, “	4
“ Arkansas	3	“ Cuba, “	9
“ Mississippi	11	“ St. Croix, “	1
“ Vermont	3	“ St. Thomas “	2
“ Texas	6	“ Isl. of Madeira	1
“ Illinois	14	“ Germany	3
“ Michigan	4	“ Venezuela, S. A.	2
“ Ohio	35	“ England	1
“ Indiana	13	“ Norway	1
“ Missouri	13	“ Costa Rica	1
“ Massachusetts	12	“ Mexico	1
“ New Hampshire	1	“ Canada	1
“ Iowa	6		

TABLE VIII.—*Showing the supposed causes of insanity in 5,796 patients.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	559	474	1033	Mortified pride . .	2	1	3
Intemperance . . .	410	36	446	Celibacy	1	—	1
Loss of property . .	146	42	188	Anxiety for wealth	3	—	3
Dread of poverty . .	3	2	5	Use of opium . . .	9	12	21
Disappointed affections	28	48	76	Use of tobacco . .	6	1	7
Intense study . . .	35	11	46	Lead poisoning . .	1	—	1
Domestic difficulties	44	76	120	Use of quack medicines	2	1	3
Fright	13	23	36	Puerperal state. . .	—	222	222
Grief, loss of friends, &c.	71	218	289	Lactation too long continued . . .	—	10	10
Intense application to business . . .	40	8	48	Uncontrolled passion	5	7	12
Religious excitement	72	107	179	Tight lacing . . .	—	1	1
Political excitement	13	—	13	Injuries of the head	72	6	78
Metaphysical speculations	1	—	1	Masturbation . . .	76	—	76
Want of exercise . .	6	2	8	Mental anxiety . .	136	221	357
Engagement in duel	1	—	1	Exposure to cold . .	3	1	4
Disappointed expectations	6	16	22	Exposure to direct rays of the sun . .	52	2	54
Nostalgia	—	7	7	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	6	—	6
Want of employment	41	2	43	Old age	—	1	1
				Unascertained . .	1213	1158	2371

TABLE IX.—*Showing the ages at which insanity first appeared in 5,796 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	13	4	17	Between 45 and 50	225	183	408
Between 10 and 15	46	55	101	“ 50 and 55	147	124	271
“ 15 and 20	296	283	579	“ 55 and 60	99	98	197
“ 20 and 25	556	489	1045	“ 60 and 65	74	56	130
“ 25 and 30	526	481	1007	“ 65 and 70	28	19	47
“ 30 and 35	365	354	719	“ 70 and 75	16	13	29
“ 35 and 40	382	283	665	“ 75 and 80	11	5	16
“ 40 and 45	294	263	557	“ 80 and 85	1	7	8

TABLE X.—*Showing the forms of disease, for which 5,796 patients were admitted.*

	Males.	Females.	Total.
Mania	1361	1285	2646
Melancholia	703	866	1569
Monomania	450	342	792
Dementia	553	219	772
Delirium	12	5	17

TABLE XI.—*Showing the duration of the disease at the time of admission in 5,796 patients.*

	Males.	Females.	Total.
Not exceeding 3 months . .	1505	1520	3025
Between 3 and 6 months . .	236	193	429
“ 6 months and 1 year . .	381	311	692
“ 1 and 2 years	390	254	644
“ 2 and 3 “	180	123	303
“ 3 and 4 “	88	73	161
“ 4 and 5 “	67	46	113
“ 5 and 10 “	117	98	215
“ 10 and 15 “	47	42	89
“ 15 and 20 “	26	27	53
“ 20 and 25 “	18	14	32
“ 25 and 30 “	12	9	21
“ 30 and 35 “	4	4	8
“ 35 and 40 “	4	—	4
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 5,796 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	2232	1918	4150	10th 5 m. 6 f., 11th 2 m. 4 f.	7	10	17
Second "	477	457	934	12th 2 m. 3 f., 13th 1 m. 2 f.	3	5	8
Third "	144	172	316	14th 1 m. 3 f., 15th 1 m.	2	3	5
Fourth "	80	69	149	16th 1 m., 17th 2 m.	3	—	3
Fifth "	40	39	79	18th 4 m., 19th 2 m.	6	—	6
Sixth "	54	12	66	20th & 21st each 1 m. & 1 f.	2	2	4
Seventh "	15	6	21	22d 1 m., and to 26th each 1 f.	1	5	6
Eighth "	8	8	16	27th 2 f., 29th 1 f.	—	3	3
Ninth "	5	4	9	30th, 31st, 32d, 33d each 1 f.	—	4	4

TABLE XIII.—*Showing the state of 5,452 patients, who have been discharged, or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured . . .	1403	1351	2754	1553	770	360	69	2
Much improved .	180	262	442	186	159	69	28	—
Improved . .	484	416	900	328	263	142	167	—
Stationary . .	454	222	676	215	148	102	210	1
Died . . .	389	291	680	292	139	35	200	14

TABLE XIV.—*Showing the number of admissions, discharges, cures and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month . . .	456	456	198	62
2d " . . .	445	319	164	44
3d " . . .	508	421	216	56
4th " . . .	564	418	201	63
5th " . . .	566	487	239	61
6th " . . .	566	480	237	44
7th " . . .	470	521	264	69
8th " . . .	463	505	260	73
9th " . . .	450	474	256	61
10th " . . .	466	470	249	46
11th " . . .	428	449	225	47
12th " . . .	414	452	245	54

GARDENS AND PLEASURE-GROUNDS.—Each additional year gives us new proof of the importance of having abundance of land for pleasure-grounds and gardens in connection with every hospital for the insane. The character of an institution, and its location, may render it desirable to have, in addition to these, a large tract exclusively for farming purposes, but there can be no one of any kind that does not require ample space for gardens and pleasure-grounds. The importance of having an abundant supply of fresh vegetables, received every day direct from the garden of an institution, for the use of the inmates, can readily be understood; and not to have such an amount of tastefully improved land as will give extensive drives and walks for the patients, at all seasons, without going beyond the hospital premises, is unquestionably to deprive them of one of the most pleasant and important means of securing their happiness while at an institution, no less than of contributing to their ultimate restoration to health. Always entertaining these views, it has been our constant effort to render our grounds more and more attractive, and there is no point on which experience has more fully confirmed our original sentiments, than that of the nearly one hundred acres which are here devoted to gardens and pleasure-grounds, not a single foot could anywhere be spared, without just so far lessening the completeness and efficiency of our arrangements. During the year just closed, the patients at the Department for Males, in addition to their usual walks, have taken a great amount of outdoor exercise in the various popular games, while a large number of others have always been present as spectators of the exciting sports, in which they were not disposed to participate. Croquet

has become an almost daily amusement of the patients at both departments during all the mild weather of the season. At the Department for Females the amount of riding inside of the inclosure has been much increased, and the benefit derived from this form of passive exercise in the open air, by many who could not otherwise have left the wards, is almost incalculable. It is very desirable that equal facilities should be promptly provided for the men. Constant efforts are at all times made to secure to every class the largest possible amount of exercise in the open air that is compatible with their mental and physical condition.

WORKSHOPS AND MECHANICAL DEPARTMENT.—The facilities for giving employment to patients disposed to engage in mechanical pursuits, or in any kind of outdoor labor in connection with the gardens and pleasure grounds, continue as heretofore reported. At the Department for Males many of the patients greatly enjoy this mode of occupation, and frequently are repaid for what they do by their permanently improved health, no less than by their temporary enjoyment of what they regard as a privilege; and labor by the insane should never be used in any institution with a view to pecuniary profit. If it is, there will generally be disappointment in the result, or if not, and much profit is really derived from this source, it will certainly behoove those whose duty it is specially to look after the welfare of the patients, to see whether, in attaining this result, full justice has been done to the afflicted, and that no burden has been imposed upon them beyond their strength, or that was not justifiable in their diseased condition.

EVENING ENTERTAINMENTS; INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—For some years past the arrangements for the occupation and amusement of the patients during the evenings, have been of so complete a character, that at both departments, almost every evening, during nine months, has had something going on that could be participated in by a large majority of the patients. Exhibitions of dissolving views, lectures on scientific or other subjects, readings, music, concerts, gymnastic exercises, games, and tea-parties, have continued to be among the means employed to pass this portion of a hospital day. The series of admirable readings, by a gentleman of Philadelphia, have given great variety to the lecture-room entertainments, and are deserving of a special acknowledgment. At the Department for Females there has been no exception to every evening being thus used, during the last three years. Nothing has been allowed to interfere with these entertainments on a single evening. At the Department for Males, the two evenings devoted to gymnastic exercises at the other house, have been used for some kind of games or reading in the wards. In the three summer months, which are regarded as a vacation, there has, nevertheless, been one evening in every week devoted to gymnastic exercises, and another to the officers' tea-parties. These latter have been continued once a week during the entire year, and have proved very satisfactory in every respect. The patients in every ward have had their turn regularly, and a large proportion from each have attended. Thirty patients, with the officers and their families, have made the usual company at table, and the evening subsequently has rarely failed to be one of real enjoy-

ment. I can hardly refer to these evenings, and the great pleasure they have given to the patients from every ward without exception, without alluding to the valuable assistance in making them particularly agreeable, and extending the variety of our amusements, rendered by many ladies and gentlemen, who at great personal sacrifice of time, and often with much labor, have on so many occasions given us the benefit of their valuable services. It is particularly pleasant to say that some of the most prominent among these, are individuals who have themselves been patients in the institution, and the good friends whom they have interested in the work it is performing.

GYMNASTIC HALL AND LIGHT GYMNASTICS.—Light gymnastics have now been regularly used as a hygienic measure, and as one of the means of amusement at the Department for Females of this Institution, during more than seven years past. Under the care of the efficient teacher of this branch, the interest continues undiminished, and the class has been about as large during the present season as at any similar period, while the general results have been eminently satisfactory. The introduction of light gymnastics into the Hospital must be credited, too, with securing to us the beautiful hall, which every year since its erection, has been found so valuable for other purposes than the one for which it was originally provided.

MUSEUMS AND READING-ROOMS.—During the past year the kindness of various friends has enabled us to make some additions to the libraries connected with these rooms, as well as to the collections of curiosities ar-

ranged in them, but these comfortable apartments,—two at each building,—may be made still more attractive to the patients, by additions to the reading matter on their shelves and tables, and by a greater variety of objects of interest, that will arrest the attention of even a few of the large number who in the course of a year resort to them, for rest during their walks, or for quiet reading or other occupation.

IMPROVEMENTS.—The improvements made during the past year have not been of a very extensive or costly character. At the Department for Males, for the first time since the opening of that building, a considerable amount of painting and plastering has been done, and the pointing of the boundary walls, commenced last year, has been completed. The large boilers, that have been steadily in use for about eleven years, have been thoroughly repaired by their original makers, and are now in excellent condition. At the Department for Females, a handsome new summer-house has been erected in the grove on the western side of the building, almost the entire cost of which has been defrayed by a lady, who had previously placed us under obligations by her liberal contributions to the comfort and amusement of the patients. All the summer-houses about the grounds, and the Calisthenium and Amusement Hall have been thoroughly repaired and painted, and many additional permanent seats have been placed in the various groves, while swings and other contrivances for the use of the patients have been added to those already in use.

RECEIPTS AND EXPENDITURES.—The following abstract of the receipts and expenditures at each department,

during the year 1870, has been prepared by the Stewards of the institution, viz:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$18,994 34
Household expenses	32,491 24
Furniture	3,734 76
Lights	1,305 59
Fuel	8,961 78
Garden, grounds, live stock, and carriages	745 50
Grain and feed for stock	360 65
Repairs and improvements	5,306 47
Medicines	870 87
Amusement of patients	328 75
Stationery and printing	399 47
Library	50 00
Miscellaneous	303 16
<hr/>	
Total expenditures	\$73,852 58
Net receipts	\$72,338 92
Average number of patients	170
“ “ of free patients	18
“ cost per week of each patient	\$8 33
Amount expended in 1870 on free patients	\$7,843 24

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$18,999 24
Household expenses	34,505 98
Furniture	3,803 10
Lights	1,625 88
Fuel	7,022 20
Garden, grounds, live stock, and carriages	1,316 58
Grain and feed for stock	2,223 48
Repairs and improvements	2,897 08
Medicines	748 88
Amusement of patients	506 58
Stationery and printing	487 03
Library	61 50
Miscellaneous	115 40
Total expenditures	<hr/> \$74,312 93
Net receipts	73,470 81
Average number of patients	174
“ “ of free patients	26
cost per week of each patient . . .	\$8 19
Amount expended in 1870 on free patients	\$11,248 99

From these statements it will be observed that, as the average number of patients under care has increased, so has the cost per week been slightly diminished.

The average number of free patients receiving the benefits of the hospital is four more than last year, and the amount expended on this class during the year 1870 was \$19,092 23.

ACKNOWLEDGMENTS.—As on all previous similar occasions, I have the pleasure of acknowledging some of the

many evidences of kind remembrance received during the year. A large portion of these, however, have been of a character that could hardly be detailed here, but manifesting a deep interest in the institution and its prosperity, and especially in the personal welfare and happiness of its patients.

To M. H. Cobb we are indebted for a contribution of \$100 towards providing means for the amusement of the patients, and for a large number of books and pamphlets for the ward libraries and reading-rooms; to G. Washington Smith for \$100, to be used for the benefit of the patients; to a lady "friend of the institution" for \$100, for the same purpose; to John Stott for \$40 for a like object; to Mrs. Taylor for \$20 to the amusement fund; to Francis Wells for a number of very interesting readings from English authors, and for many other acts of kindness promoting the gratification of the patients; to Benjamin H. Shoemaker for all the glass required for picture frames during the year; to C. F. Haseltine for a fine engraving; to Miss Mallery for a number of games for the evening parties; to Miss Townsend for games, periodicals, &c.; to Miss Gibbs for several books; to Mesdames Le Moyne and Le Yorke for readings in French; to W. W. Graham for two large and handsomely framed engravings for the wards; to James S. Whitney for a velocipede; to Dr. Thomas George Morton for an illustrated lecture on the precious stones, and another on the eye and its uses; to Dr. Isaac Ray for books and periodicals for the wards; to the Smithsonian Institution for valuable books for the library; to C. H. Supplee & Son for liberal arrangements for putting up the new summer-house; to Samuel Sloan for architectural

services; to Simmons & Slocum for a concert by their entire troupe; to George W. Childs for books, pamphlets, and an assortment of exchange papers; to Alexander Cummings for a variety of exchange papers; to Mrs. Lawrence Lewis for the Illustrated London News; to Dr. J. V. C. Smith for a lecture on the Holy Land; to Dr. I. P. Trimble for a lecture on the insect enemies of fruit; to the Haverford cornet-band, No. 1, for music, at both departments, on New Year's day; to Alderman Clark for the presentation of his official fees for services rendered to the Hospital; to J. F. Eppelsheimer for valuable contributions of leather; to G. Pelman for twenty-one colored lithographs; to Tracy S. Knapp for a lot of books for the library; to Prof. Perry and W. L. Pearson for exhibitions of legerdemain and ventriloquism; to Col. D. W. C. Moore and friends for three concerts; to Mrs. Behrens and friends for two concerts; to Isaac S. Williams for a deduction from his bill; to Alfred G. Baker for two handsomely framed engravings; to a lady for a very handsome backgammon board; to the proprietors of the New York Evening Mail for a copy of that paper; to Thomas Fitzgerald for copies of the City Item; to James W. Queen & Co. and W. Y. McAllister for their continued kindness in adding to our means for the amusement of the patients.

Since the opening of the Department for Males the immediate charge of its patients has been confided to Dr. S. Preston Jones, who, during the past year, in the performance of his very responsible duties, has had the aid of Dr. N. Roe Bradner, as Assistant Physician, Joshua P. Edge as Steward, and Hannah P. Sager as Housekeeper. At the Department for Females, Dr.

William P. Moon continues as Assistant Physician, and Joseph and Anne Jones as Steward and Matron.

To these, and to all others who have been in any way connected with the care of the patients, or engaged in promoting their comfort and encouraging them in their varied occupations and amusements, I am glad to express my personal obligations for all the zeal they have manifested in the performance of their duties, and especially for that kind, active, and untiring interest in the happiness of the patients and the prosperity of the hospital, without which no persons are properly qualified for engagements in connection with any institution for the insane.

THE DEATH OF S. MORRIS WALN.—It would hardly be possible for me to close this report without some allusion to the loss, which this whole community, and especially the Pennsylvania Hospital, have sustained during the past month in the death of one of your own members, who, for more than fifteen years, was among your most efficient fellow-laborers, whose interest in the great charity committed to your charge could not be surpassed, and who never faltered in his efforts to promote its prosperity and usefulness. The late S. Morris Waln was elected a member of the Board of Managers of the Pennsylvania Hospital on the 24th of September, 1855, and he died on the 22d of December, 1870, at the age of 63. His connection with the institution thus commenced at a period of peculiar interest in its history. The Hospital for the Insane had become full, the applications for admission were steadily increasing, and it was obvious that, unless additional accommodations were soon provided, our citizens might

be compelled to look elsewhere than in their own institutions, for the proper care and treatment of their friends when afflicted with mental disorders. The suggestion for the erection of an entirely new hospital on the grounds of our institution, with a view to the separate treatment of the sexes, had already met with the cordial approval of the Board of Managers, and subsequently, with equal unanimity, of the contributors at their annual meeting; liberal subscriptions had been tendered, and the good work of raising the large amount required to complete so costly an undertaking was fairly begun. No better period could have been selected in which our lamented friend could exhibit many of his admirable traits of character or the value of his services. At once appreciating the great importance of the work in hand, sympathizing deeply with the afflicted, and judging wisely of the loss incurred by delay, he joined his associates with an energy and zeal, that soon made him one of the most efficient of the many, who unselfishly devoted themselves to the prosecution of the great work they had undertaken. Giving liberally himself, possessing in an eminent degree the confidence of his fellow-citizens, his statements were always received with confidence, and as he rarely failed to respond to any good object that was presented to him, it was difficult for any one who had the means and the inclination to aid good works, to refuse him a liberal subscription, when appealed to with his characteristic earnestness. Entering upon his duties as a manager with these feelings, laboring as zealously as he did through the rather protracted period the work was in progress, no one had more real satisfaction than he, when he saw the hospital, with all its varied arrangements and fixtures completed

and successfully in operation, and this, too, without any debt remaining, or any appeal having been made in any quarter but to our own fellow-citizens. The completion of this great work, in the prosecution of which he labored so faithfully from his entrance to the Board of Managers, did not in the slightest degree lessen his interest in the Pennsylvania Hospital in any of its departments. Whenever any improvement was to be made, the comfort of the patients promoted, or the usefulness of the institution extended, he could always be relied on for his liberal views, his humane feelings, and his sound judgment.

In the original testamentary disposition of his estate, he had left a large amount to various public charities with which he was connected, or in whose objects he felt a special interest. In process of time, however, he chose to become his own executor, and by giving during his lifetime, to secure to them an earlier advantage from his generous intentions, while permitting himself to have the satisfaction to witness the benefits he was conferring. This institution was one that was thus favored. At the commencement of the war—when the income of the hospital had diminished in almost as great a ratio as its expenses had increased, and when not only the strictest economy had to be observed in every department, but much that was new and desirable for the gratification and comfort of the patients had to be postponed—our friend, on seeing the existing state of things, promptly offered to give, for immediate use, the whole of the \$10,000 he had designed for the Pennsylvania Hospital for the Insane, “for the purpose of endowing two additional free beds, and at the same time, to be expended entirely in supplying certain very de-

sirable improvements and furniture much needed, to be designated by the Physician in Chief, and to be approved by the Board of Managers." How this sum was expended, and how valuable and useful it has been, are known to most of your members.

At this particular juncture this noble gift was specially acceptable, and it was mostly used in providing objects of daily value to the patients, and which, without it, they could not have had for several years, many of them not even up to the present time.

It is not for me, in this place, to speak specially of the high character of S. Morris Waln, as a public-spirited Philadelphian; of his great abilities, success, and integrity as a merchant; nor of his connection with almost every object calculated to advance the welfare and elevate the character of his native city, and to promote the happiness of his fellow-men. All who knew him will acknowledge that he was a model Christian gentleman. Unselfish in a remarkable degree, he was never deaf to any appeal of suffering. A liberal giver, he sought only to know how his benefactions could be most useful. Even the brute creation came under his special notice, and no one here has done more to prevent cruelty to animals. A member of the Society of Friends, he was a regular attendant of their meetings, and a thorough believer in their fundamental doctrines and their practical application to all the business relations of life. He was a genial companion, fond of cultivated society, and had derived all the advantages that he could obtain from travel and a familiar intercourse with the best people at home and abroad; but while he enjoyed the company of his friends in an eminent degree, still his natural character and goodness of heart caused

him to feel, that when he made a feast, he would at all times prefer to "call the poor, the maimed, the lame, and the blind," and all who were in affliction,—for his good acts were not done that they might be known or recompensed of men.

Although he never married, few men could have been more missed in the home circle, and the vacant place he has left will long be felt with no ordinary grief.

It is more than probable that in the future, others will contribute more largely to the funds of this institution, and connect their names with more extended provision for the unfortunate insane, but rarely will any one be found, with whom it will be more pleasant to be associated in friendly or official intercourse, who will be more thoroughly unselfish in action, more liberal in views, more acutely sensitive to the sufferings of others, or a more genuine practical Christian than he, whose loss those who knew him best, will longest and most deeply mourn,—our lamented and honored friend S. Morris Waln.

THE SEPARATION OF THE SEXES.—What I have said on several other occasions, in regard to the advantages of treating insane men and women in different buildings, is only confirmed by additional experience; and now, after more than eleven years' careful observation of the practical working of the plan, I am inclined to recommend to all those about establishing new institutions, to carefully consider the different aspects of this question, before fairly entering upon their work. The tendency everywhere seems to be to an enlargement of existing institutions, or the construction of others, of a size much larger than that originally recommended as most

desirable, by the Association of Hospital Superintendents, and which I now believe, as I always have thought, is really the capacity that more certainly than any other, should promote the best interests of the insane. This size, however, does not seem to be sufficient to meet the wants of communities, and especially for State hospitals, unless the number of institutions is greatly increased beyond what is now contemplated. To meet the difficulty, I should recommend that when an old institution removes to a new site, when an old building requires enlargement to meet the public wants, or when an entirely new hospital is being established by a State, the ultimate separation of the sexes should be looked forward to, in the original selection of a site, the facilities for a proper division of the grounds and the plan of the building. If not prepared to put up both buildings at once, let a course be adopted, similar to that which we were led into here by the necessities of the case. Let one building be erected, to be used by eight classes of each sex, and to accommodate not exceeding 250 patients, and when this number is likely to be reached within a couple of years, let the other building be commenced, and on its completion, the removal of either men or women to it, will give room for 125 new cases of each sex, and the organization of each being distinct,—except so far as the Board of Managers is concerned,—there will be really two distinct hospitals of the best size, and so situated as to be a mutual benefit to each other. This I should regard as greatly preferable to a single building for both sexes, and capable of accommodating the whole five hundred patients. Any additional expense that

might be incurred, I believe would be more than counterbalanced by the advantages obtained.

If the character of the hospital is such that it is never likely to be extended beyond 200 or 250 patients, under one chief medical officer, I would still recommend, as I did many years ago to Mr. Sloan, the architect,—and who carried out the suggestions in the plans he prepared for an institution in a neighboring State,—that the residence of the chief officer should be central, while at suitable distances on either side, but entirely distinct, should be a building for one sex only, in each of which should be all the accommodations for everybody concerned in the care of the respective classes of patients. This plan would permit, if deemed desirable, by means of covered ways and railroads, a common kitchen and bakehouse, a common heating and ventilating apparatus, lecture room, amusement hall, gas works, laundry, etc., thus greatly diminishing the expense of erecting and maintaining these costly arrangements.

THE NEW LAW REGARDING THE INSANE.—In my report of last year, I gave a brief history of the mode of receiving patients into hospitals for the insane, which had been in use in Pennsylvania for one hundred and seventeen years, and of the movements which led, in 1869, to the enactment of a law, which for the first time, in this commonwealth, defined with precision the mode of proceeding for the admission and detention of the insane, in hospitals founded for their custody and treatment; and under the provisions of which law, all such cases are now received into the various institutions. An analysis of this law was also made, and its

various provisions now seem to be pretty generally understood ; and although some complaints of the trouble and expense to which they are subjected, continue to be made by persons in humble circumstances, and in cases where there can be no manner of doubt, the general feeling is, that advantages more than sufficient to counterbalance these objections are probably attained. To the officers of institutions for the insane, it is certainly, if nothing more, a great convenience to be able to refer the friends of patients to specific legal forms that are to be complied with, before any one can be restrained of his liberty, no matter how seriously or how slightly his mind is disordered.

During the year just ended, three cases have been before the courts for adjudication under the new law. Although it did not seem that there could be the slightest question in regard to the insanity of any one of them, collateral circumstances led to rather protracted proceedings in two, but the result was the same in all ; the patients were unhesitatingly remanded to the care of the hospital by the learned Judges, before whom the cases were tried. One of them served to illustrate some of the abuses liable to be perpetrated under this law, and which were emphatically alluded to by Judge Paxson in the decision of the question brought before him. The practical point of most importance was, that while a Judge had no choice but to issue a writ of *habeas corpus*, under the circumstances sworn to, no member of the bar was compelled to prosecute a case, unless previous investigation had satisfied him of the truthfulness of the allegations, and the propriety of the proceedings ; and without which, great injustice might be done to individuals and families, and feelings, that

ought always to be held sacred, needlessly wounded. In this connection I deem it proper to bear testimony to the courtesy extended to the officers of this hospital, by the members of the legal profession, in a very large majority of all the cases that have come before the courts in the last thirty years.

There is one class of cases about which, if carried to court, there is always a liability to an honest difference of opinion. These are patients whose convalescence has clearly begun, and who are just at that stage of it, where they have unbounded confidence that they are out of all danger,—where, indeed, they do not realize the serious character of the malady, with which they have been suffering, and feel that there can be no possible risk in their return to their families and their ordinary pursuits. A few weeks later, in a large majority of these cases, they would have lost this extreme confidence, and in its place would have come a shade of depression, and a kind of distrust of the future, that would have effectually prevented all risk of their being anxious to leave prematurely. But if just at the time first noted, as not unfrequently happens, such a case goes before a Judge, or more particularly, before any ordinary jury, something like this is likely to occur. Finding an individual apparently sane, and no obvious evidence of latent danger, it becomes difficult,—for any but those who have studied the case from its inception, or who have been taught, by sad experience, the danger there is in exposing any one just recovering from what is really a serious disease of the brain, to all the risks necessarily incident to such a change of circumstances,—to regard it as necessary to insist upon a further involuntary detention of one who seems so well, and the

patient is discharged. It is, however, from this class,—those who leave a few weeks too soon,—that come not a few of the cases of relapse, and of the second admissions to institutions; and too frequently, also, the chronic cases, or at least, those that subsequently require a very long-continued course of treatment, before they again reach the same favorable condition. It is because the officers of institutions for the insane are unwilling to assume the responsibility of such a course, that they often prefer that this question should be settled by the legal authorities, who, by a little wise delay, have often done incalculable service to patients.

Persons with entirely honest intentions are often found asking whether sane people are not frequently, either by mistake or from improper motives, placed in hospitals for the insane, and then restrained of their liberty, by those who have some selfish end to attain by such proceedings. Such a question as this, coming from an honest inquirer after truth, deserves to be answered, and, so far as Pennsylvania is concerned, unquestionably can be, and in a mode that must remove all rational grounds for uneasiness from those who may have entertained doubts on the subject. I believe I am able to speak positively of what has occurred in this institution during the thirty years it has been in operation, and in which period no less than 5796 patients have been under its care; and I desire to place on record my testimony in regard to this inquiry. In all this long period, and in all this large number of patients, I have neither known any one whose mind was not diseased, or who was not recovering from an attack of insanity, and in a condition requiring this

kind of care, to be restrained of his or her liberty, nor have I detected an inclination on the part of the friends of a patient to make such a use of the institution; which, it may be added, if attempted, could not have proved successful, and nowhere else would have been as soon detected and exposed. In regard to the State institutions at Harrisburg and Pittsburg, and the asylum at Frankford, I have the most undoubted authority for testifying to the same effect. I am well aware that many cases, regarded by some as doubtful, have been before the courts for adjudication, in regard to a further detention in an institution, but there has been no one of these, with which I am acquainted, in which experts could have had the slightest hesitation in regard to the original insanity of the patient; not one in which the subsequent results of the case did not justify their opinions; nor one, in which any Judge, even when deciding the question of a further residence in the hospital, against the opinion of its officers, ever intimated a doubt as to the insanity of the patient when admitted into the institution. In a single case only, was the question of insanity left unsettled, owing to the death of the individual before the conclusion of the investigation.

There are certain cases of intemperance often sent to hospitals by direct order of the courts, or by authority derived from the courts by their legal guardians, or in the usual mode, for their temporary protection, when unable to take care of themselves. Many of these after a short stay, seem to have recovered their natural state of mind, and are retained only as required in the original order of court, "until discharged by due process of law." A difference of opinion may exist in regard to how much of this kind of mental trouble is real in-

sanity, or whether it is merely a temporary effect from the habit alluded to. Intemperance is sometimes a disease, and sometimes it is only an effect of insanity,—a symptom of a disease. While many physicians have no hesitation in regarding all these cases as genuine insanity, there are some in which the officers of this hospital might entertain a different opinion, and on this account all such, although coming here under legal process, are excluded from the statement on a preceding page. Many persons, too,—dreading an attack of insanity, or suffering from the incipient stage of it, or from a general disordered condition of the nervous system,—ask to have the benefits of the hospital, but they come to it as they would go elsewhere for medical advice and as they would enter an ordinary boarding-house; and they leave it whenever it is their pleasure to do so; so that they can hardly be regarded as the ordinary insane, nor can they in any sense be said to be restrained of their liberty. With these explanations, there are no qualifications to be made to the statement that, after the most careful inquiry, I believe there is no ground for the belief that any sane person has ever been admitted into, and restrained of his liberty in any Pennsylvania institution intended for the care and treatment of the insane.

There may be exceptions, but I believe it to be safe to say, that in nearly all the cases considered doubtful or reported as not insane, that have been before the courts in this country,—where they have been carefully followed up for any long period,—the opinions of experts have been fully justified by subsequent events. In some of the most conspicuous of these, there have been found a continued development of

organic disease, as verified by examinations after death; attacks of paralysis, proving the tendency to brain disorder; the commission of acts of violence, requiring the interference of the civil authorities; the verdicts of new commissions of lunacy; the loss of life by suicide; or such a course of living as formed a continual source of fear to their families, or required the protection of legal guardians for the preservation of both the persons and property of the patients.

DANGERS FROM NEGLECT OF THE INSANE.—Having thus very briefly discussed the question, whether any but the insane are likely to be received into institutions provided for the treatment of this class of the afflicted, the transition is natural to the question, whether there is no loss in neglecting the care of those who have mental diseases, and whether there is no danger incurred from those thus affected not being sent to hospitals, or being left without proper attention and unrestrained in their movements. The first of these questions is readily answered, as all experience goes to show, that properly treated, insanity is, in its early stages, in a large proportion of all the cases, a curable disease, and that, allowed to become chronic, it is exactly the reverse. The second question may be answered by the simple statement of the fact,—which can hardly have escaped the notice of any one who carefully observes passing events, and which can be readily verified,—that during a little more than one year, in a single newspaper coming under my own observation, there have been recorded very nearly one hundred cases in which lives have been lost, or placed in the greatest jeopardy, owing to persons laboring under

insanity, being left unrestrained and unguarded in their movements. A large proportion of all these,—I believe far more than a majority,—might have been saved had the warnings which, to those familiar with such cases, were clear and unmistakable, been heeded; while the consequences of neglect are irreparable and often destructive to the happiness of whole families. This simple statement of facts, without any allusion to the unfortunate effects upon entire households, from the continued presence of these cases, and the loss of property incident to incapacity for business management, is enough to show that this is no trifling question, and that a fearful responsibility is incurred by those who in any way contribute to this state of things. This subject certainly deserves much more attention than it receives, for while every supposed case of unnecessary restraint is abundantly commented on, these terrible catastrophes,—without furnishing one or more of which scarcely a week passes,—rarely receive more than a passing notice; few journalists apparently deeming it important to show their readers the inferences naturally deducible from them, and which must possess a deep interest to the whole community.

WHAT THIS HOSPITAL HAS DONE IN THIRTY YEARS.—At the close of the first thirty years of this hospital, it can hardly fail to be interesting and instructive, again to pass briefly in review some of the changes that have taken place in the institution, and some of the results that have been attained since it became a separate department, and the insane left the city for a more rural location. This is due, too, to the benevolent men and women, who have so generously given of their funds to

secure the success of this undertaking, and who have in so many ways, used their kind influence in advancing its usefulness. It is only right that they should, now and then, have presented to them a statement of what has resulted from their kind acts and generous contributions. These results, it is to be hoped, are such as will abundantly satisfy all with what they have already done, and serve to stimulate others to follow their example in the future.

When it was first opened here, the Pennsylvania Hospital for the Insane, in its original building, had accommodations for not more than 140 patients. It can now receive, with greatly improved arrangements, 470 patients. In the period alluded to, there has been a complete remodelling of the Department for Females, the introduction of all the modern conveniences that were originally omitted, and of a better style of furniture, the substitution of gas in place of oil for lighting, a removal of all the hot air furnaces and the adoption of a complete system of heating by steam, while the apparatus for supplying water and all the laundry machinery, have been changed from horse to steam power. Four miles of carriage roads and as many of footwalks, have been made, and more than two thousand trees have been planted within the grounds of the two departments, and these grounds have been handsomely improved and rendered attractive in various ways.

Among the structures put up on the grounds are the workshops, the green-house, the two museums and reading-rooms, the gymnastic hall, the cottage, the calisthenium, amusement hall, and a number of handsome summer-houses, nearly all of which have been furnished and several built without any cost to the Hospital.

All the one-storied buildings at the Department for Females, now accommodating sixty patients, have been put up since the Hospital was opened.

The Fisher ward, accommodating twenty patients, and especially complete in all its arrangements, has been erected and furnished with everything desirable, without cost to the institution.

More important than all, an entirely new Hospital—"the Department for Males"—has been erected, and, for more than eleven years, has been enabling us to illustrate the great benefits that are to be derived from the system of separating the sexes, which was inaugurated at its opening. This new Hospital, with all the necessary out-buildings,—furnished as far as occupied, and very complete in all its arrangements and fixtures,—is capable of accommodating two hundred and fifty patients, and those concerned in their care, in the very best manner. It has an apparatus for heating by steam, with a forced fan ventilation which has not been surpassed in efficiency, and has fifty acres of gardens and pleasure grounds surrounding it, and these are enclosed by a substantial stone wall. This great work, too, was all accomplished without taking anything from the resources of the Hospital, and solely from the contributions of our benevolent and liberal fellow-citizens,—the entire cost of the improvement being \$355,907 57.

The Pennsylvania Hospital for the Insane was opened on the 1st day of 1841; its original number of patients received from the Hospital in the city was ninety-seven. It now has under care three hundred and forty-four patients.

Since it was opened it has received and treated five

thousand seven hundred and ninety-six patients; and of these, two thousand seven hundred and fifty-four have been restored to their friends cured; one thousand three hundred and forty-two have been discharged in various stages of improvement, without being entirely well; six hundred and seventy-six left without improvement; six hundred and eighty died; and, as just mentioned, three hundred and forty-four remain under treatment.

In the treatment of these patients there have been improvements for the benefit of the insane, mention of some of which ought not to be omitted on this occasion, and which, as well as the results already stated, tend to show how much has been gained by the transfer of that class to their present location, and the adoption of a system of treatment which previously was not possible.

From having only two acres of ground for exercise in the city, they now have near one hundred specially devoted to gardens and pleasure grounds. From almost no provision for their occupation and amusement, they now have, regularly, abundant exercise in the open air in the daytime, with libraries and reading-rooms for general use, and something interesting for every evening in the week in one department, and nearly as often in the other, and in which almost all the patients can participate. Lectures, readings, concerts, exhibitions of dissolving views, and of various other kinds, gymnastic exercises, and tea-parties are among the means that have been introduced and are in constant use.

From having a single musical instrument,—perhaps the first piano ever used in a hospital for the insane in this country,—the hospital now has twenty-three pianos, three cottage organs, six melodeons, and various

other musical instruments. These, as well as most of the pictures on the walls, and the more costly appliances for amusement, have been obtained without using the funds of the Hospital.

The proportionate number of attendants on the patients has been greatly increased, the amount of riding has been quadrupled, and the classification of the patients is more than four times as perfect as when we first opened the Hospital.

Companions for the patients, independent of the attendants, and released from the care of the wards, have been introduced, the system of supervision has been much improved, and, by the erection of the new Hospital, as already stated, the great importance of having the two sexes treated in different buildings has been illustrated.

It is not supposed that there is at this day any one, who has taken the trouble to look into the facts of the case, or to observe for himself, who can have the shadow of a doubt about the great advantages the insane have derived from the change in their location, which has just been alluded to, or the vast extension that has been made to the usefulness of the institution. A brief statement from official records, of itself, should settle this beyond all controversy. In the last thirty years the insane were in the city hospital, two thousand two hundred and twenty-seven were admitted, and seven hundred and forty-four were cured (these included, till 1822, cases of *mania à potu*). In the same period here, five thousand seven hundred and ninety-six were admitted, and two thousand seven hundred and fifty-four were cured; while, in the whole ninety years of the Hospital, before their removal from the city, only four thousand three hundred

and sixty-six insane were received, and of these one thousand four hundred and ninety-three were cured, nine hundred and thirteen discharged improved, nine hundred and ninety-five removed without material improvement, and six hundred and ten died.

That the removal of the insane to the west side of the Schuylkill has not been an injury to the Hospital financially, is shown by the fact that the capital stock of the corporation has been steadily increasing ever since, so that it is now nearly double what it was in 1842; and there certainly has been no similar period in the whole history of the Pennsylvania Hospital, in which there has been so great and practical an interest manifested in all its departments.

No small part of the capital stock, as it was in 1842, had been derived from the profits of keeping the insane in the old building, and yet this department, in its whole thirty years here, as shown from the books of the treasurer, has been compelled to use for all purposes only \$158,996 36 from the income of the vested funds of the corporation,*—or much less than the interest on the proportion of the capital stock alluded to,—while it has, in the same period, expended on free patients no less than \$305,350 53. The amount above reported as received from the treasury, includes the sum of \$20,000

* To exhibit still more strikingly the great amount of good the Pennsylvania Hospital has been doing for the poor, it may be mentioned that, during this same period, the Hospital for the sick in the city has received from the treasury for that purpose the sum of \$701,391 45. This, added to the amount expended on free patients at the Hospital for the Insane, makes the large sum of \$1,006,741 98 thus used in the last thirty years by the two branches of the institution.

originally received as a loan, and, on that account, not included in a former statement.

WHAT THE HOSPITAL STILL NEEDS.—Having thus given, very briefly, a summary of the more prominent items of what this Hospital has done in its first thirty years, as a separate department, it is only right to refer to what it still needs, to make it as thoroughly efficient as its friends hope at no distant day to see it. From a brief enumeration of these wants, it will be seen that it is rather an extension of the means for carrying out the well-settled principles on which it has thus far been conducted, than the adoption of great novelties, that is desirable. Prominent among these objects, which should never be lost sight of, may be mentioned—

1. A permanent fund, the income of which only should be used, for the special benefit of the insane, for meeting deficiencies of receipts when they occur, providing for extraordinary expenses, securing new and costly means of adding to the comfort and amusement of the patients, and for their direct mental treatment, and especially for enabling persons in moderate circumstances to enjoy all the benefits of the Hospital when their own resources are exhausted. It is gratifying to be able to state that a commencement of this fund has been made by the legacies of the late George Ord, Frances Pierpont, C. W. Pennock, M. D., and Abraham J. Nunes, and by the contributions of several of our liberal citizens.

2. The employment of a greater number of cultivated, conscientious and self-sacrificing men and women, as companions for the patients, and whose release

from all ordinary ward labor will enable them to devote their whole time to the inmates of the institution.

3. An extension of the means of riding inside and outside of the grounds, and provision for various new out-door amusements and means of occupation.

4. Having shown that pianos, and other musical instruments, can be advantageously used in any ward, it is very desirable that many now there, should be replaced by others of a better quality, and the regular services of a small number of attendants familiar with music would add greatly to the enjoyment of the patients.

All these improvements are expensive, and it is desirable that the institution should have the means of providing them, without adding at all to the amount charged for the board and attendance of patients. Every one of these is important, but still more so, with, perhaps, the exception of that first mentioned, is

5. An addition to the number of free beds, to be devoted solely to recent and supposed curable cases. The grand return, which every such investment of \$5000,—the amount required for the endowment of a free bed—gives, is best shown by the simple statement, that for every year the institution lasts, it will be the means of restoring at least two of our fellow beings to the use of their reason, to their families, and to usefulness. It is difficult to conceive of any other investment of a like sum that will give as sure and grand a return;—how grand, let those answer who can calculate the value of their own reason.

At each building, ten more free beds than we now have could be filled in a very short time, with cases that are in every way suitable. It is unfortunate that they

cannot be; the rooms are there ready for occupation, the whole machinery for treatment is in operation, and nothing is wanting but a sufficient income to justify the admission of that number of additional patients without charge.

Besides what has been alluded to, there will be required, at a very early day, the erection of another "Fisher Ward" for the accommodation of thirty patients, which will make the capacity of the department for females equal to that for males. As the funds for this improvement are already in hand,—from the legacy of the late Joseph Fisher, and by his will specially devoted to this object,—the only question is as to the time at which it will be most desirable to commence the work.

CONCLUSION.—At the end of the year just closed, we must all feel renewed cause of gratitude to Almighty Providence for the blessings vouchsafed to this institution during the whole period of its existence; nor can I omit a grateful acknowledgment of the uniform kindness and generous confidence which, ever since my unsolicited appointment to the post, I have so long held, I have at all times, and under all circumstances, received from its Board of Managers, which, with all the changes that time has made in it, has never changed in its devotion to the highest interests of the institution, nor in the disposition to lighten, as far as it could by a generous support and liberal counsels, the labors of those more immediately intrusted with its direction. None but those who have occupied such positions can fully understand how much is embraced in a statement like this, which with me requires no qualification.

I again commend the institution, with all its great interests and objects, to your watchful care and oversight, and to the generous sympathies of the community for whose benefit alone it was founded and has ever been conducted.

Those who established the Pennsylvania Hospital, in 1751, were among the best men of a city proverbial for the high character of its inhabitants, and when, in 1755, about putting in place the corner-stone of the venerable structure at Eighth and Pine streets, they had deeply engraved upon it, the pious invocation which has been so often noticed. Eighty-one years afterwards, the descendants of the same men, united with others who had made this the city of their adoption, in laying another corner-stone, for a new Hospital expressly for the Insane. On that occasion, the orator of the day closed his eloquent address in the same language; and now, at the end of thirty years' actual use of the structure thus commenced,—with the conviction that the reverent invocation, already alluded to, has been bountifully answered in all the past, with a sanguine trust that the future of the institution will be still brighter, and that every year it will become still more truly a haven for the afflicted,—I feel that I can close this, my thirtieth annual report, with no better words, and with no holier aspiration, “May the God of mercies bless the undertaking.”

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane, }
1st mo. 1st, 1871. }

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE.

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

All classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of —— made within one week of the date of this certificate, we find —— to be insane, and a proper subject for hospital treatment.

_____, 1871. _____ M. D.

_____, 1871. _____ M. D.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and —— to before me, this —— of —— 1871, that the signatures thereto are genuine, and that the signers are physicians of respectability.

_____ [L. S.]

APPLICATION.

I request that the above-named —— may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ 1871. _____

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, _____ dollars _____ cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove _____ when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.†

Witness our hands the _____ day of _____, 1871.

_____ [L. S.]

_____ [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *pre-meditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1871.

BY THOMAS S. KIRKBRIDE, M.D.,

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

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1872.

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OFFICERS OF THE INSTITUTION.

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Department for Females.

ASSISTANT PHYSICIAN.
WILLIAM P. MOON, M.D.

STEWARD.
JOSEPH JONES.

MATRON.
ANNE JONES.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

A YEAR ago, in obedience to the requirements of the By-Laws of the Institution, the undersigned presented to its Board of Managers his thirtieth Annual Report. In addition to a detailed statement of what had been accomplished during the year, then just ended, that report contained a summary of the results of the thirty years during which "THE PENNSYLVANIA HOSPITAL FOR THE INSANE" had been in its present location, and organized as a distinct branch of the original corporation, which dates far back into the last century.

The thirty-first Annual Report, now presented, is the commencement of a new series, and will unquestionably have among its readers a large number who have not received those which preceded it, and many of whom may not be familiar with the character and objects of the Institution, the results already effected by it, or its needs, that its sphere of usefulness may be enlarged to the full extent of its capacity.

For all these reasons, it is proposed to present, as its beginning, but as briefly as possible, a summary of such of the facts already referred to, as are

most likely to be interesting to the philanthropist, and which certainly ought to be known to every citizen in this community. These will be given under the heads of History, Results, How accomplished, and Needs.

HISTORY.—Established by benevolent private citizens of this commonwealth, in 1751, the Pennsylvania Hospital was chartered by the Provincial Assembly of that year, as “the Contributors to the Pennsylvania Hospital,” and from the first had two departments, its objects being declared to be “the relief of the sick poor and the reception and cure of the insane;” this being the first regular hospital provision for the insane in America. This declaration of its objects manifested a remarkable degree of good sense, for while the ordinary sick poor were to be admitted, it was fairly implied that the insane, no matter what their social position or pecuniary means, were to be received, and not simply cared for, but “cured.” This recognition of insanity as a curable disease, at that early day, was much farther in advance of the general public sentiment than can now be well imagined.

The first patient was admitted on the 11th of February, 1752, and the second, third, fourth, and sixth patients received were insane, two paying their expenses, and two being treated without charge of any kind.

The hospital, at first, was kept in a private house on the south side of Market Street above Fifth Street, formerly the residence of Judge Kinsey, and

for which a yearly rent of forty pounds was paid. The eastern wing of the Pennsylvania Hospital, at Eighth and Pine Streets, was finished and opened in 1756, and in the basement of this wing the insane were taken care of till 1796, when, on the completion of the west wing, they were removed to it, and continued to occupy that portion of the hospital, till they were transferred to the new building—now “the Department for Females”—on the west side of the River Schuylkill, and which, under the title of “The Pennsylvania Hospital for the Insane,” was opened on the 1st day of 1841. This building accommodated all the insane under the care of the Institution, till its crowded state led to the erection of an entirely new structure on the same grounds, and to the subsequent separation of the sexes. So that since the opening of this last building, now “the Department for Males,” in 1859, the Pennsylvania Hospital for the Insane has consisted of two distinct departments, that for males capable of accommodating 250 patients, and, that for females,—since the erection of the Fisher Ward,—capable of accommodating 220 patients, both being on the same tract of 113 acres of land, lying between Market and Haverford Streets, and Forty-second and Forty-ninth Streets, in the city of Philadelphia. The buildings are about one-third of a mile apart, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted of every

class, profession or creed, without regard to residence, and, as far as it is able, dispenses its benefits to those from our own State, not blest with this world's goods, as freely as to those who seem to have nothing to ask for but health.

RESULTS.—While the original structure at Eighth and Pine Streets was used,—a period of ninety years,—4366 insane patients were treated there, and of these 1493 were cured, 913 discharged improved, 995 removed without improvement, 610 died, 246 eloped, mostly before the square was permanently inclosed, 97 were transferred to the new Institution and 12 were retained in town.

The Pennsylvania Hospital for the Insane began in 1841, with 97 patients, received from the old hospital, and with accommodations for 140. It can now receive 470 patients. Since its opening it has received 6065 patients, and of these, 2867 have been restored to their friends, cured; 1400 have been discharged in various stages of improvement; 710 left without improvement; and 716 died; while at this date 372 remain under treatment, with sixteen distinct classes or wards for each sex. Of these patients, 1391 were received without charge, and about as many more paid less than the cost of their support.

HOW ACCOMPLISHED.—All the land was obtained for the sum of \$30,000, and that and the original buildings at the Department for Females were provided at a cost of about \$325,000, these funds being obtained from the sale of a portion of the vacant lots

surrounding the parent hospital in the city, and which lots cost but \$10,000. The Department for Males was provided at a cost of \$355,000, made up entirely from the contributions of benevolent individuals, nearly all of whom were residents of Philadelphia. The Fisher Ward was built and furnished complete, from a special legacy of the late Joseph Fisher, of Philadelphia.

Whatever the Institution has received for board and medical attendance has been expended in the care of the patients. Beyond its receipts from this source, it has expended on free patients and those unable to pay the entire cost of their support, in thirty-one years, \$159,996 36, derived from the treasury of the corporation, or \$5161 17 per annum. The total amount expended on this class, in these thirty-one years, was \$323,492 27, or \$10,435 23 per annum.

No one connected with the Institution has any pecuniary interest in its income or in the receipts from the board of its patients. It has never yet failed to have a weekly visit of inspection from a committee of its Board of Managers, and these visits, with the regular service of its physicians and other officers, with supervisors, companions, and attendants living in the wards, constitute the system of personal superintendence for securing the greatest comfort and the best care of the patients.

It will thus be seen that all this provision for the insane, and all these results, have been secured to our city and State, without any resort to the treasuries of either. No one has been taxed to aid in this great work. What has been received has been

given voluntarily. Its reliance has always been, as I trust it always will be, on the benevolence, liberality, and intelligence of the community in the midst of which it does its work, and for whose benefit it has ever been conducted.

ITS NEEDS.—The claimants for admission on the part of those unable to pay the full cost of their support, are constantly increasing, and are far beyond the resources of the Institution. Many of them are cases of the greatest interest and curable. It is to meet these applications, and to provide everything that will promote additional comforts, greater happiness, and give better chances of restoration for all its patients, that the Institution needs large additions to its permanent resources.

At the date of the last report there were 344 patients in the Institution, since which 269 have been admitted, and 241 have been discharged or have died, leaving 372 at the close of the year.

The total number of patients in the hospital during the year was 613. The highest number at any one time was 397; the lowest was 331; and the average number under treatment during the whole period was 373; 186 males and 187 females.

The number of males in the hospital during the year was 311, and the number of females was 302. The highest number of males at any one time was 198, and the highest number of females 199. At the beginning of the year there were 169 males and 175 females. At this date there are 188 males and

184 females. The number of males admitted during the year was 142, and the number of females 127.

Of the patients discharged during the year 1871, were

	Males.	Females.	Total.
Cured	54	59	113
Much improved . .	5	15	20
Improved	20	18	38
Stationary	24	10	34
Died	20	16	36

Of the patients discharged "cured," fifty-two were residents of the hospital not exceeding three months; thirty-two between three and six months; twenty-five between six months and one year; and four for more than one year.

Of those discharged "much improved," six were under treatment less than three months; five between three and six months; six between six months and one year; and three for more than one year.

Of the "improved," nine were under care less than three months; eight between three and six months; thirteen between six months and one year; and eight for more than one year.

Of those discharged and reported "stationary," ten were under care less than three months; eight between three and six months; eight between six months and one year; and eight for more than one year.

Twenty males and sixteen females have died during the year. Of these deaths, ten resulted from acute mania; five from general paralysis; three from the gradual exhaustion of chronic mania; four from acute melancholia accompanied by a refusal of food;

one from disease of the heart; one from ulceration of the intestines; two from old age; four from apoplexy; one from epilepsy; one from disease of the liver; one from inflammation of the peritoneum; two from tubercular consumption; and one from dropsy.

Of the patients who died, sixteen were admitted for mania; eight for melancholia; eleven for dementia; and one for delirium.

Of those who died, eleven were in the house less than one month; three between one and two months; four between two and three months; four between three and six months; two between six months and one year; and twelve for more than one year. Of these last, one had been more than thirteen years, one seventeen years, one twenty-three, one twenty-six, and one nearly thirty-six years in the Institution.

STATISTICAL TABLES.—As heretofore, the statistical tables given in the reports of this Institution are fourteen in number, while other facts from which tables might be made are supplied in the text. Of these tables, as has been elsewhere stated, twelve are little more than statements of facts, about which there can hardly be a question, and while the others are conceded to be matters of opinion,—still, as matters of opinion, they have just as much value as many other health statistics, which are dependent for their accuracy upon the ability and experience of the observer. A committee of the Association of Hospital Superintendents, in an elaborate report made on this subject, at the meeting held in Toronto, in June last, while adopting all our tables, also

suggested several in addition, which they believed would include every matter that could be tabulated or that was likely to prove useful. Some of these last are hardly applicable to this Institution, several may be readily made up from the tables we have usually given, and there are others that will require more time for their proper preparation than thus far we have been able to give to them. As the matured conclusions of the distinguished chairman of that committee, a gentleman everywhere known for his elaborate investigations on the subject of statistics, these proposed tables are worthy of careful study by every one interested in the welfare of the insane, and were recommended by the Association as the basis for the tables of the different institutions in this country.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Maies.	Females.	Total.
Admissions	3221	2844	6065
Discharges	3033	2660	5693
Remain	188	184	372

TABLE II.—*Showing the ages of 6065 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	230	178	408
Between 10 and 15	9	16	25	“ 55 and 60	146	113	259
“ 15 and 20	167	169	336	“ 60 and 65	115	96	211
“ 20 and 25	474	396	870	“ 65 and 70	45	70	115
“ 25 and 30	471	454	925	“ 70 and 75	48	45	93
“ 30 and 35	421	384	805	“ 75 and 80	22	15	37
“ 35 and 40	439	345	784	“ 80 and 85	4	8	12
“ 40 and 45	330	317	647	“ 85 and 90	—	—	—
“ 45 and 50	298	234	532	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 3221 male patients.*

Farmers	399	Coppersmith	1
Merchants	312	Tanners	6
Clerks	294	Artists	22
Physicians	67	Hairdressers	2
Lawyers	65	Police Officers	9
Clergymen	37	Machinists	61
Masons	24	Plane-maker	1
Umbrella-makers	3	Iron-masters	2
Printers	34	Weavers	33
Teachers	45	Bricklayers	13
Officers of the Army	10	Brick-makers	5
“ “ Navy	16	Sail-makers	6
Students	61	Coopers	4
“ of Medicine	16	Jewellers	15
“ of Law	9	Potter	1
“ of Divinity	10	Chair and Cabinet makers	35
Saddlers	15	Blacksmiths	42
Peddlers	17	Watchmakers	8
Tobacconists	24	Hotel Keepers	41
Carpenters	102	Second-hand dealers	4
Bakers	18	Cap Manufacturer	1
Seamen and Watermen	59	Locksmiths	3
Planters	30	Millers	15
Manufacturers	69	Glassblowers	3
Coachmen	7	Wheelwrights	7
Druggists	31	Gardeners	18
Laborers	249	Chemists	5
Engineers	19	Print Cutters	2
Plasterers	17	Curriers	2
Bank Officer	1	Tailors	45
Conveyancers	7	Shoemakers	94
Bookbinders	12	Brokers	9
Hatters	9	Waiter	1
Rope-makers	3	Stove-makers	3
Tinmen	20	Dentists	3
Painters	27	Victuallers	15
Brush-makers	2	Soldiers U. S. A.	19
Paper-hangers	2	Brewers	3
Boat-builder	1	Coach-trimmers	2
Carvers	2	Auctioneers	2
Confectioners	13	Plumbers	5
Coach-makers	8	Type Founders	3
Public Officers	5	Telegraph Operators	4
Shipwrights	2	Whip-maker	1
Collector	1	Silversmiths	3
Nurses	2	Photographer	1
Soap-maker	1	Wire-worker	1
Contractors	2	Upholsterers	4
Authors	4	Drovers	5
Apprentices	3	Brass Founder	1
Musician	1	No occupation	443

TABLE IV.—*Showing the occupation of 2844 female patients.*

Seamstresses or Mantua-makers	269	Of the <i>Married</i> similarly situated, were—	
Storekeepers	26	<i>Wives</i> of Clerks	76
Attendants in stores	20	“ Teachers	13
Cigar-makers	3	“ Farmers	222
Teachers	77	“ Brass Founders	4
Domestics	273	“ Gardeners	6
Nurses	25	“ Saddlers	4
Artists	4	“ Printers	7
Factory Girls	9	“ Machinists	31
Physician	1	“ Masons	4
Sister of Charity	1	“ Painters	2
Clerks	3	“ Stage Owners	2
Actress	1	“ Cutler	1
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Bank Officers	9
<i>Daughters</i> of Farmers	131	“ Innkeepers	32
“ Merchants	163	“ Bookbinders	3
“ Masons	4	“ Tinmen	2
“ Bank Officers	7	“ Editors	5
“ Weavers	19	“ Plasterers	4
“ Laborers	22	“ Engineers	13
“ Sea Captains	5	“ Artists	10
“ Auctioneer	1	“ Bricklayers	2
“ Innkeepers	8	“ Paper-makers	2
“ Teachers	12	“ Collectors	5
“ Carpenters	13	“ Brick-makers	6
“ Paper-makers	2	“ Seamen	13
“ Physicians	14	“ Merchants	185
“ Planters	30	“ Physicians	17
“ Watchmaker	1	“ Lawyers & Judges	38
“ Curriers	3	“ Shoemakers	37
“ Clerks	31	“ Hatters	6
“ Engineers	2	“ Cabinet-makers	18
“ Clergymen	22	“ Laborers	163
“ Miller	1	“ Grocers	7
“ Public Officers	21	“ Clergymen	26
“ Officers of Army	2	“ Tobacconists	7
“ “ Navy	1	“ Weavers	15
“ Lawyers	25	“ Sea Captains	3
“ Machinists	6	“ Victuallers	10
“ Bricklayers	2	“ Brush-makers	2
“ Chair-maker	1	“ Tailors	20
“ Manufacturers	12	“ Millers	8
“ Tailors	7	“ Police Officers	7
“ Waterman	1	“ Carpenters	40
“ Bakers	4	“ Druggists	14
“ Printers	4	“ Planters	12
“ Shoemakers	4	“ Peddlers	7
“ Druggists	3	“ Manufacturers	51
“ Artists	3	“ Broker	1
“ Brick-maker	1	“ Tanners	12
“ Blacksmiths	2	“ Officers of Army	9
“ Musician	1	“ “ Navy	1
“ Dentists	3	“ Plumbers	3
“ Victualler	1	“ Blacksmiths	9
“ Saddler	1	“ Bakers	4
“ Coach-maker	1	“ Confectioners	3
		“ Hairdressers	2
		“ Contractors	4

TABLE IV.—*Continued.*

<i>Wives</i> of Dentists . . .	3	<i>Widows</i> of Lawyers . . .	4
“ Watchmakers . . .	4	“ Carpenters . . .	6
“ Public Officers . . .	4	“ Clerks . . .	14
“ Brewers . . .	2	“ Tanners . . .	2
“ Optician . . .	1	“ Teachers . . .	2
		“ Planters . . .	6
Of the <i>Widows</i> similarly situated, were—		“ Bricklayers . . .	2
<i>Widows</i> of Merchants . . .	56	“ Painters . . .	2
“ Physicians . . .	15	“ Seamen . . .	7
“ Public Officers . . .	11	“ Engravers . . .	2
“ Sea Captains . . .	7	“ Engineers . . .	5
“ Hotel Keepers . . .	6	“ Machinists . . .	6
“ Shoemakers . . .	22	“ Masons . . .	2
“ Clergymen . . .	4	“ Printer . . .	1
“ Farmers . . .	58	“ Blacksmiths . . .	2
“ Coopers . . .	3	“ Baker . . .	1
“ Laborers . . .	39	“ Druggist . . .	1
“ Manufacturers . . .	14	“ Musician . . .	1
		“ Interpreter . . .	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 6065 patients.*

	Males.	Females.	Total.
Single	1603	1183	2786
Married	1470	1295	2765
Widows	—	366	366
Widowers	148	—	148

TABLE VI.—*Showing the nativity of 6065 patients.*

Natives of Pennsylvania .	3278	Natives of Nova Scotia .	2
“ New Jersey .	283	“ Canada .	15
“ Delaware .	139	“ France .	23
“ Maryland .	174	“ England .	247
“ Virginia .	80	“ Scotland .	37
“ North Carolina .	49	“ Ireland .	760
“ South Carolina .	49	“ Germany .	343
“ Georgia .	24	“ Poland .	8
“ Alabama .	15	“ Prussia .	14
“ Tennessee .	21	“ Switzerland .	6
“ Indiana .	8	“ Bermuda, W. I. .	2
“ Kentucky .	26	“ Jamaica, “ .	1
“ D. of Columbia .	16	“ St. Domingo, “ .	4
“ Maine .	16	“ Barbadoes, “ .	4
“ Massachusetts .	63	“ Cuba, “ .	8
“ Connecticut .	36	“ Guadaloupe, “ .	1
“ Missouri .	11	“ Martinique, “ .	1
“ Ohio .	31	“ St. Croix, “ .	1
“ New Hampshire .	9	“ St. Thomas .	1
“ Louisiana .	19	“ Isle of Madeira .	1
“ Rhode Island .	11	“ Isle of Man .	1
“ New York .	178	“ Spain .	2
“ Mississippi .	9	“ Italy .	2
“ Vermont .	4	“ Denmark .	3
“ West Virginia .	4	“ Holland .	3
“ Michigan .	2	“ Austria .	4
“ Iowa .	1	“ Bavaria .	3
“ Texas .	2	“ Venezuela, S. A. .	1
“ Illinois .	4	“ Norway .	1
“ Florida .	1	“ Costa Rica .	1
“ Sicily .	1	Born at Sea .	1

TABLE VII.—*Showing the residence of 6065 patients.*

Residents of Pennsylvania .	5021	Residents of Connecticut .	8
“ New Jersey .	193	“ Maine .	3
“ Delaware .	112	“ Rhode Island .	5
“ Maryland .	137	“ New York .	133
“ Virginia .	59	“ Florida .	1
“ West Virginia .	7	“ Wisconsin .	1
“ D. of Columbia .	26	“ California .	4
“ North Carolina .	44	“ Oregon .	1
“ South Carolina .	32	“ Minnesota .	2
“ Georgia .	26	“ Kansas .	1
“ Alabama .	18	“ Montana .	1
“ Louisiana .	34	“ Colorado .	1
“ Tennessee .	14	“ Jamaica, W. I. .	1
“ Kentucky .	20	“ Barbadoes, “ .	4
“ Arkansas .	3	“ Cuba, “ .	9
“ Mississippi .	12	“ St. Croix, “ .	1
“ Vermont .	3	“ St. Thomas, “ .	2
“ Texas .	8	“ Isl. of Madeira .	1
“ Illinois .	16	“ Germany .	3
“ Michigan .	4	“ Venezuela, S. A. .	2
“ Ohio .	37	“ England .	1
“ Indiana .	13	“ Norway .	1
“ Missouri .	14	“ Costa Rica .	1
“ Massachusetts .	14	“ Mexico .	1
“ New Hampshire .	1	“ Canada .	1
“ Iowa .	6		

TABLE VIII.—*Showing the supposed causes of insanity in 6065 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	596	499	1095	Mortified pride	2	1	3
Intemperance	444	39	483	Celibacy	1	—	1
Loss of property	152	42	194	Anxiety for wealth	3	—	3
Dread of poverty	3	2	5	Use of opium	10	13	23
Disappointed affections	28	48	76	Use of tobacco	9	1	10
Intense study	37	11	48	Lead-poisoning	1	—	1
Domestic difficulties	44	78	122	Use of quack medicines	2	1	3
Fright	13	25	38	Puerperal state	—	232	232
Grief, loss of friends, &c.	71	228	299	Lactation too long continued	—	10	10
Intense application to business	40	8	48	Uncontrolled passion	5	7	12
Religious excitement	76	111	187	Tight lacing	—	1	1
Political excitement	13	—	13	Injuries of the head	73	6	79
Metaphysical speculations	1	—	1	Masturbation	79	1	80
Want of exercise	6	2	8	Mental anxiety	147	231	378
Engagement in duel	1	—	1	Exposure to cold	3	1	4
Disappointed expectations	6	17	23	Exposure to direct rays of the sun	54	2	56
Nostalgia	—	7	7	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	6	—	6
Want of employment	42	2	44	Old age	—	1	1
				Unascertained	1250	1216	2466

TABLE IX.—*Showing the ages at which insanity first appeared in 6065 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	13	4	17	Between 45 and 50	233	192	425
Between 10 and 15	48	58	106	“ 50 and 55	158	131	289
“ 15 and 20	306	294	600	“ 55 and 60	106	102	208
“ 20 and 25	582	508	1090	“ 60 and 65	74	60	134
“ 25 and 30	555	506	1061	“ 65 and 70	32	20	52
“ 30 and 35	380	379	759	“ 70 and 75	18	13	31
“ 35 and 40	404	294	698	“ 75 and 80	12	6	18
“ 40 and 45	299	270	569	“ 80 and 85	1	7	8

TABLE X.—*Showing the forms of disease for which 6065 patients were admitted.*

	Males.	Females.	Total.
Mania	1423	1359	2782
Melancholia	735	904	1639
Monomania	475	352	827
Dementia	575	224	799
Delirium	13	5	18

TABLE XI.—*Showing the duration of the disease at the time of admission in 6065 patients.*

	Males.	Females.	Total.
Not exceeding 3 months	1560	1581	3141
Between 3 and 6 months	247	202	449
“ 6 months and one year	399	328	727
“ 1 and 2 years	407	274	681
“ 2 and 3 “	191	126	317
“ 3 and 4 “	103	78	181
“ 4 and 5 “	78	47	120
“ 5 and 10 “	121	107	228
“ 10 and 15 “	49	43	92
“ 15 and 20 “	26	27	53
“ 20 and 25 “	21	14	35
“ 25 and 30 “	12	10	22
“ 30 and 35 “	4	4	8
“ 35 and 40 “	4	—	4
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 6065 cases.*

	M.	F.	T.		M.	F.	T.
First attack	2348	2004	4352	In the <i>periodical</i> cases,			
Second “	497	487	984	10th 5 m. 6 f., 11th 3 m. 4 f. .	8	10	18
Third “	149	179	328	12th 2 m. 3 f., 13th 1 m. 2 f. .	3	5	8
Fourth “	80	70	150	14th 1 m. 3 f., 15th 1 m. 1 f. .	2	4	6
Fifth “	40	41	81	16th 1 m., 17th 2 m. . . .	3	—	3
Sixth “	54	12	66	19th 4 m., 19th 2 m. . . .	6	—	6
Seventh “	15	6	21	20th and 21st each 1 m. and 1 f. .	2	2	4
Eighth “	8	8	16	22d 1 m., and to 26th each 1 f. .	1	5	6
Ninth “	5	4	9	27th 2 f., 29th 1 f. . . .	—	3	3
				30th, 31st, 32d, 33d, each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of 5693 patients, who have been discharged or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1457	1410	2867	1619	797	375	74	2
Much improved . .	185	277	462	196	167	70	29	—
Improved	504	434	938	337	273	154	174	—
Stationary	478	232	710	230	155	105	219	1
Died	409	307	716	308	147	35	211	15

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions	Discharges.	Cures.	Deaths.
1st month	473	473	206	62
2d “	458	330	167	49
3d “	527	443	225	60
4th “	596	432	208	65
5th “	595	512	249	64
6th “	599	503	246	45
7th “	494	534	272	70
8th “	482	519	266	77
9th “	470	499	266	63
10th “	482	491	263	50
11th “	452	476	238	53
12th “	437	481	261	58

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—Our arrangements for evening entertainments, during the last, as in the past three or four years, have been quite complete, and, as previously reported, have consisted, at the Department for Females, of something that could be participated in by a large majority of the patients, attendants, and officers during every evening of the week for nine months of the year; and during the summer vacation of three months, on at least three evenings of every week. At the Department for Males, the entertainments have been of nearly the same character and extent, the difference being mainly, that, during two evenings of the week, the men have depended more for their amusement and occupation, on the games, for which there is there abundant provision, instead of the gymnastic exercises, which last have continued to be regularly carried on at the Department for Females.

As heretofore, these evening entertainments have consisted of lectures on a great variety of subjects,

readings and recitations, concerts of vocal and instrumental music, exhibitions of different kinds, and especially of very fine dissolving views in great variety and extent, gymnastic exercises, systematically and successfully taught by a highly qualified teacher; games of many kinds, and the officers' tea-parties. These last are never intermitted in any week of the year, and at them, the officers and their families are joined by about thirty patients, coming in rotation, from every ward of the hospital. Our Lecture-rooms and Gymnastic Halls are indispensable as a means of giving proper occupation to the patients during the evening, and for thoroughly breaking up that dreary monotony which was formerly so much and so justly complained of. The walks on the dry paths, and the drives within the inclosures, as well as in the neighboring parts of the country, and in the Park, the amusement halls, the billiard-rooms, the ten-pin alleys, the museums and reading-rooms, the green-houses, means for occupation on the grounds, in the gardens or workshops, or in the house, are always ready for use in the daytime; but it has been specially in the evenings, and to prevent too early an hour for retiring, that the greatest difficulty was formerly experienced in furnishing for the three or more hours, during which the patients were compelled to remain in-doors, an amount of amusement or occupation that really gave anything like an air of cheerfulness to the wards during this period. As formerly passed, the evening must, to many, have seemed almost interminable, and was generally passed in sleeping or lounging about the wards. The use

of an abundant supply of gas, with the introduction of the various systematic modes of passing the evening, has, within the last quarter of a century, most thoroughly revolutionized the appearance of nearly all our institutions for the insane.

A fine new piano has been placed in the lecture-room, at the Department for Females, which gives us one more, of good quality, for use in the wards; and during a considerable period of the year, an instructor of vocal music has given lessons on the theory and practice, to all who wished to attend in the lecture-room, on one or more evenings of each week.

RECEIPTS AND EXPENDITURES.—The following abstracts of the receipts and expenditures at each department, during the year 1871, have been transcribed from the books, by the Stewards of the Institution:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds	\$19,987 22
Household expenses	37,750 63
Furniture	5,825 51
Lights	1,744 49
Fuel	8,419 86
Garden, grounds, live stock, and carriages	704 07
Grain and feed for stock	639 41
Repairs and improvements	4,557 82
Medicines	1,175 98
Amusement of patients	251 00
Stationery and printing	436 54
Library	145 93
Miscellaneous	316 78
Curbing and paving Haverford Street	7,723 70
Water-pipe on Haverford Street	2,625 00
<hr/>	
Total expenditures	\$92,303 94
Net receipts	\$93,143 95
Average number of patients	186
“ “ free patients	14
Amount expended in 1871 on free patients	\$6,166 16

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$19,192 18
Household expenses	34,517 48
Furniture	3,170 60
Lights	1,640 32
Fuel	4,389 35
Garden, grounds, live stock, and carriages	1,840 45
Grain and feed for stock . . .	2,435 94
Repairs and Improvements . . .	7,821 98
Medicines	707 99
Amusement of patients . . .	743 12
Stationery and printing . . .	449 05
Library	70 05
Miscellaneous	243 31
Curbing and paving Haverford Street .	3,000 00
<hr/>	
Total expenditures	\$80,221 82
Net receipts	81,148 51
Average number of patients . . .	187
“ “ free patients . . .	29
Amount expended in 1871 on free patients	\$11,975 58

From these statements it will be observed that the average cost per patient has varied little from that of last year.

The average number of free patients receiving the benefits of the hospital was almost exactly the same as in 1870, and the total amount expended on this class during the year 1871 was \$18,141 74.

ACKNOWLEDGMENTS.—As heretofore, I have the pleasure of acknowledging many of the evidences

of kind and interested remembrance, which the institution has received during the past year.

To "A Friend" we are again indebted for \$50 to aid in increasing the means of amusement for the patients; to Charles H. Rogers and Wm. A. Blanchard for \$50 each, for the same purpose; to A. K. McClure for \$67 16, to purchase newspapers; to Benjamin H. Shoemaker for valuable mirrors and for glass for picture-frames; to the Franklin Fire Insurance Company for periodicals and framed engravings; to friends in New York, through G. Pelman, for a large number of pictures for framing; to J. F. Eppelsheimer for all the belting and leather required at the Department for Males; to Isaac S. Williams for a deduction in the amount of his bill; to W. Redfield Phelps for a liberal deduction on the price of a piano; to Dr. Thomas George Morton for two lectures to the patients; to Francis Wells for several readings; to Mr. Platt for a reading; to Professor Lawrence for several readings; to F. C. Bangs for readings; to Miss Patridge for readings; to Mrs. Behrens and friends for several concerts and entertainments of various kinds; to Professor and Mrs. Walters and friends for three concerts; to Miss Gotterman and friends for two concerts; to Miss Harshey and friends for two concerts; to Mr. Fitzgerald and friends for an entertainment; to Mrs. Sandgren and friends for a concert; to Alexander J. Derbyshire for the use of a valuable horse and for various pictures; to Henry H. Shillingford for several framed pictures; to Hon. Wm. Strong for a number of books for the library; to George H.

Stuart for a number of periodicals; to James Grant for various periodicals; to George W. Childs for books and pamphlets; to Alexander Cummings for exchange papers; to P. S. Henson, D.D., for a lecture on Money; to Professor John S. Hart for a lecture on Chaucer; to Eben Jayne for the use of valuable philosophical apparatus; to Dr. I. P. Trimble for a lecture on Natural History; to Signor Blitz for one of his amusing entertainments; to the publishers of the New York "Evening Mail" and Philadelphia "Evening Bulletin" for copies of their daily papers, and to the editor of the "Dental Times" for a copy of that periodical; to James W. Queen & Co. and to W. Y. McAllister for their continued kindness in adding to our means for the amusement of the patients.

As has been the case since the opening of the Department for Males in 1859, the immediate care of that division of the hospital has been confided to Dr. S. Preston Jones, who, in the performance of his important and varied duties, had during the past year the assistance of Dr. N. Roe Bradner as Assistant Physician, till near its close, when he resigned his post to engage in private practice. His place has been supplied by Dr. Wm. H. Bartles, who continues to act as Second Assistant Physician. Joshua P. Edge remains as Steward, and Hannah P. Sager as Housekeeper. At the Department for Females, Dr. William P. Moon remains as Assistant Physician, Joseph Jones as Steward, and Anne Jones as Matron.

To all these especially, and to all others who have

been engaged in any way in the care of the patients, in securing their comfort and happiness, or aiding them in their amusements and occupations, I would again express my cordial obligations for all they have done to promote the best interests of the afflicted and the prosperity of the hospital. There is no position in such an institution that does not offer an ample field for unselfish and self-sacrificing labor. When there is joined to a real interest in the work, that unvarying gentleness, sympathetic patience and consideration for the insane,—without which no amount of talent or accomplishments is of practical value,—there is no kind of service anywhere, better deserving of recognition by all who are interested in the well-being of the afflicted, than the man or woman who engages in these varied fields of usefulness.

ADVANTAGES OF OUR LOCATION.—The advantages of this location for the Pennsylvania Hospital for the Insane have been so strikingly manifested in our long experience, that it may fairly be questioned, whether full justice has been done to the wisdom and foresight which led to its selection. To have secured for so moderate a sum as \$30,000, a tract of land so well situated, and so perfectly suited for all the purposes of the two hospitals now on the grounds, was certainly a piece of rare good judgment or equally good fortune. It seemed to be just what was wanted, and just where it was wanted. The value of the site now, as when first bought, is not to be calculated from an estimate of what it would bring per foot for building lots, but what it

is worth as the foundation of a provision for taking care of two hundred and fifty men, and as many women, who are suffering from one of the heaviest of human afflictions, and yet cannot be cared for at their own homes,—as a means of curing and ameliorating the condition of the insane, of giving relief to their families and protection to the community.

Proximity to a hospital for the Insane, decides very much, as shown by reliable statistics, the amount of use that is likely to be made of it. In regard to the removal of acute cases from their homes, it is always a matter of great importance,—frequently it is a question of life or death, almost always one of suffering.

While patients are coming to this hospital, at intervals, from various and distant sections of the country, still a very large proportion of all that are received will always be from the city of Philadelphia and its immediate vicinity.

Among the advantages which this location must ever possess for our own people, is the readiness with which acute cases of cerebral disease can be transferred to it from their homes, as already referred to, the ease with which the friends of patients can reach it, the convenience for frequent visits from its Board of Managers, the opportunities for the best medical and surgical counsel in obscure cases of disease, the facilities for obtaining supplies of all kinds, and for securing means of instruction and amusement for the patients, for obtaining at short notice skilled mechanics of every description, and also its proximity to Fairmount Park and a beautiful surrounding country.

In addition to these, are the many objects of interest for the patients, nowhere else to be obtained but in proximity to a large city, while the horse railroads, steam cars, and river steamers, give facilities for excursions to a very desirable extent.

Completely surrounded on the outside by broad streets, and within the inclosure, as it soon will be, by a belt of evergreen trees, it can never be seriously annoyed by the neighboring buildings, nor be a source of disturbance to those who reside near it. Its permanent inclosures give it a very fair degree of privacy, while the admirable character of the grounds offers to the inmates, views of the active, stirring scenes beyond it.

Extending between Market and Haverford Streets, and between Forty-second and Forty-ninth Streets, on the south, and between Forty-second and Fiftieth Streets on the north side, there are only four squares, at the most distant points, without a wide street of communication, and as courtesy has for a long time permitted a means of transit for foot-passengers, by a private roadway, at the middle of this distance, there is for them, only one-half this space to be traversed.

It is to be remembered, too, that nearly a million of dollars have been expended on these grounds, and that the same arrangements could not now be provided, here or elsewhere, for much less than twice that amount, while the buildings are of such a substantial character, that, with the proper amount of annual repairs, they will be perfectly good at the end of another century.

These hospital grounds will always possess a high

value to the citizens of Philadelphia, as among the great breathing spaces of the city. For the purposes of a reservoir of pure air, they will be about the same as a park of more than a hundred acres, and for which, it may be remembered, no provision has been made in all the extensive district south of Girard Avenue, down to the southern and western lines of the city, on the west side of the river Schuylkill.

It is obvious, then, that as one of the great necessities of our city, this Institution should always remain just where it now is. It is just here that it will always be most wanted, and from the district immediately surrounding it, will always come about as many patients as it can accommodate. While in the great future of Philadelphia, with its doubled population, other hospitals will be required for the outer districts and adjacent country, it will be compelled to go many miles to obtain, at any cost, what is now occupied here, and which the good sense of this community will hardly ever allow to be taken from it.

All the points which have been referred to, and the interests and needs of the citizens of Philadelphia, were fully recognized by the legislature of Pennsylvania, when, in 1857, they passed an act declaring that, upon certain conditions,—which were promptly carried into effect by the Institution and the city authorities,—while used as a hospital for the insane, its grounds should be forever exempted from being intersected or cut into by any public street.

The protection afforded under this legislative contract has been declared by the court to be absolute.

FAIRMOUNT PARK.—In connection with the subject of our location, it may not be out of place to refer more particularly to the proximity of this magnificent Park, which is already proving of great value to this Institution. Within ten minutes' drive from either department, over well-paved streets, with good sidewalks, it is about as convenient of access as could be desired. At all seasons it furnishes a pleasant drive over the best of roads, and amidst a great variety of beautiful scenery, land and water, while its great extent of more than 2700 acres presents an amount of novelty which, within the same space, could hardly anywhere else be obtained. Even if there were no other interesting drives in the vicinity of the hospital, this Park would furnish all that are required, and these could be so managed that they would scarcely become monotonous, while those who are fond of long walks can here find an opportunity for indulging their tastes, in a region that can scarcely be surpassed in beauty or varied interest.

While all classes of our citizens seem to recognize very thoroughly, the great importance of this grand improvement to the welfare and prosperity of the city of Philadelphia, none have more immediate cause to feel under great obligations to those who projected, and are so liberally carrying out the improvements of this vast public pleasure-ground, and making it accessible to everybody, as a means of pleasure and of health, than those whose afflictions

compel them to reside in this Institution, or have brought them to it, from so many sections of the country, for relief from their troubles.

MUNICIPAL IMPROVEMENTS.—During the year just closed, a large amount of work has been done in connection with the streets surrounding the Hospital, and which, although it will ultimately be a great comfort to the Institution, and especially to the friends of its inmates, has necessarily involved it in an inconveniently large expenditure. Haverford Street, from Forty-second Street, has been widened, graded, and paved much beyond the western limits of the hospital grounds at Fiftieth Street, with the exception of a small space near Mill Creek, where there is a heavy embankment. This gives, for the first time in the thirty-one years the Institution has been here, a good drive and foot-walk, in all seasons, direct from the hospital to the horse cars and to the central parts of Philadelphia. The various changes of grade have necessarily involved a large amount of work in connection with the boundary walls at each department, and which, with paving side-walks, has already cost \$2104 37, while more will probably be necessary next year. The amount already paid for curbing and paving amounts to \$10,723 70, and for laying water-pipe to \$2625.

IMPROVEMENTS.—The principal permanent improvement made this year has been a complete remodelling, amounting, indeed, to a reconstruction, of the wash-house and adjoining engine-room at the De-

partment for Females. The washing fixtures, from long use, having become so much out of order that very extensive repairs were necessary, it was decided to make a complete change in most of the laundry arrangements. This has now been done, and everything seems likely to be very satisfactory. For more than two months, while this work was going on, all the washing and drying for both hospitals were done at the laundry of the Department for Males, showing the great efficiency of the apparatus which has been in regular use there for more than twelve years. The changes in and about the engine and boiler room, which were found necessary as the work progressed, have added greatly to their appearance and to the convenience of working the machinery.

Entirely new washing machinery has been introduced, a new drying-room has been built in a different location, and its fixtures have been changed; a new assorting-room has also been added, and in this it is intended to introduce a power mangle, while a bath-room, dressing-room, and other conveniences have been provided for the use of those engaged in this department. The same fan for drying is still used, and the heat for that purpose is obtained from the exhaust steam of the engine and pumps. The floor of the wash-room has been raised two and a half feet, and is partly of slate and partly of wood, so arranged as to make it as dry as possible. The ceilings of the wash-house and engine-room now extend up to the rafters, and a new slate roof has been put on the wash-house, and a tin one on the low part of the additions. The washed clothes are taken

into the drying-yard on a truck which runs on a new plank walk extending from the machines through the centre of the grounds devoted to this purpose.

PROVISION FOR THE INSANE.—At the meeting of the Association of Medical Superintendents of American Institutions for the Insane, at Toronto, in June last, in addition to the general plan for statistical records already referred to, several resolutions were adopted, which have a special interest for the public, and for all who are engaged in making provision for the insane. Although there will be dissent from some of these views in certain quarters, it is hardly possible for the public authorities to ignore the conclusions, so unanimously adopted, by an association which embraces in its list of members, nearly every one who has had any extended experience in the care and treatment of the insane in this country. The first series of resolutions are in regard to the proper provision for the insane, and are as follows :—

Resolved, That this Association re-affirms, in the most emphatic manner, its former declarations in regard to the construction and organization of hospitals for the insane; and it would take the present occasion to add that, at no time since these declarations were originally made, has anything been said or done to change, in any respect, its frequently expressed and unequivocal convictions on the following points, derived, as they have been, from the patient, varied, and long-continued observations of most of its members :

First. That a very large majority of those suffering from mental disease can nowhere else be as well or as successfully cared for, for the cure of their maladies, or be made as comfortable, if not curable, with equal protection to the patient and the community, as in well-arranged hospitals, specially provided for the treatment of the insane.

Second. That neither humanity, economy, nor expediency can make it desirable that the care of the recent and chronic insane should be in separate institutions.

Third. That these institutions, especially if provided at the public cost, should always be of a plain but substantial character; and, while characterized by good taste, and furnished with everything essential to the health, comfort, and successful treatment of the patients, all extravagant embellishment and every unnecessary expenditure should be carefully avoided.

Fourth. That no expense that is required to provide just as many of these hospitals as may be necessary to give the most enlightened care to all their insane, can properly be regarded as either unwise, inexpedient, or beyond the means of any one of the United States or British Provinces.

The "former declarations in regard to the construction and organization of hospitals for the insane" are those originally adopted by the Association at its meetings in Philadelphia in 1851, at Baltimore in 1852, and at the City of Washington in 1866; and which have been widely circulated, and gene-

rally recognized as authority by those engaged in making provision for the insane. This "re-affirmation," after such a long and widely extended experience, in every section of the country, and by so many practical men, certainly goes far to show their soundness. In my opinion it would be very easy to prove the correctness of every proposition embraced in these resolutions of the Association, but the arguments that have been used, and the facts that seem to have almost amounted to a positive demonstration, are so familiar to those who have been interested in the subject, that any extended notice of them can hardly be necessary in this connection. At the same time, it is obvious how very important it is, that the principles so decidedly expressed in these resolutions, should be generally recognized by legislative bodies, and by all who are likely to influence public sentiment on this most important subject. What is best for the insane is always best for the public, and it is as much to the interest of the people at large that all the insane should be properly provided for, as it is to the insane themselves.

In some of the recent discussions in regard to the best provision for the insane, views have been occasionally presented by individuals of high social position, and, in a few rare instances, by gentlemen who have been much among the insane, that are so diametrically opposed to what have been advocated by the great body of physicians who have devoted themselves to this specialty, that, in justice to those who are only inquirers after truth, at least a very brief reference to some of these views ought to be

made by all those whose experience has led them to entirely different conclusions.

Dissenting, as I do entirely, from the proposition of a recent report of a public board, that "outside observers,"—which can only mean those who have really seen little of insanity, or who have had but slight familiarity with the practical working of hospitals,—are more likely to detect defects in existing systems, than those who have lived among the insane and made their care and treatment a special study; some criticisms on these views may be pardoned on the present occasion.

Among the prominent objections made to modern hospitals for the insane, in these discussions, have been the great cost of their original construction, of their heating and ventilation, of the bathing and water-closet arrangements, and of their sewerage; the amount of water required, "the great outlay for bolts and bars," the restraint of the patients, and "the absence of association between the sexes," and to obviate all these, it is proposed to substitute, to a large extent, detached buildings or cottages, and to inaugurate what is styled, although it is difficult to say why, "the family system."

In most of these discussions relative to the reformation of hospitals and hospital systems of treatment, impartial observers cannot but have noticed how defective is the nomenclature employed, how much it is tinged with the records and views of the past, if not with the prejudices of the present, and how much harm is thus innocently but effectually done. Only a few steadily call the institutions

for the treatment of this disease, hospitals; lunatics and lunacy are used for the insane and insanity; rooms are called cells; attendants or nurses are styled keepers; and a special effort seems to be made to keep prominently before the public the idea that "bolts and bars" are everywhere present, even to such an extent that their "great cost" is mentioned as one of the objections to "the present system."

In much of this it may justly be charged that there is not a little unfairness. Why should not an institution for the care and treatment of a disease of the brain, be called a hospital, as much as when for any other malady? Why not call a hospital for fever or smallpox, an asylum, as much as when it is for insanity? Why adhere to a name for the disease itself, which originally came from the idea of lunar influence, and which is specially repulsive to patients? Why call a comfortable room in a hospital a "cell," or a row of rooms "a corridor with cells on either side," any more when in a hospital than in a hotel or private house? Why is a nurse or attendant of a sick man in a hospital any more his keeper in the one place than in the other? and why give so much prominence to "bolts and bars," which certainly need not be objectionably prominent in any well-arranged hospital; and of the former of which, there need be no more than in a private house, and none of the latter, except where their existence is a substitute for something else that would be much more repulsive.

In regard to restraint, no system of detached

buildings can give more freedom to the patients than is possible in the wards of a hospital. If any one thinks that it is desirable that no locks should be on the doors, and no guards to the windows, it is the easiest thing in the world to dispense with them, either in a single ward, or in as many wards as may be desired, and the patients may have the most perfect freedom of ingress and egress. Why any one should continue the use of either, or put any restraint on the movements of patients, after coming to the conclusion that they are all "great evils," or "positively injurious," seems quite incomprehensible.

The question may well be asked, however, why those who can live with open doors, unguarded windows, and go out and in at pleasure, should be at a hospital at all? Why, instead of being in one of the hospital "families," they should not be in their own families or in ordinary boarding-houses?

In respect to the great amount of water required in a modern hospital for the insane, one cannot help suspecting that this objection comes from the faulty location of some of these institutions, which seem to have been placed where, at times, there is little water except what comes from the clouds. This is not the fault of a system, but one of location; for the supply of water for a hospital, like that of fresh air, should be perfectly pure, and so abundant that no restriction should be put upon its use. With plenty of water, a proper location, and rightly constructed water arrangements, the sewerage of a hospital is perfectly simple, effective, and not costly; and our large experience here contradicts, most positively, the

proposition that "any one who knows anything about water-closets, knows that the plumbing and copper work is the most expensive and troublesome thing in the world," simply because, in this connection, there need be and should be none of either.

The idea of having "groups of houses for insane men and women near each other," with entire freedom of ingress and egress, will hardly commend itself to many of those who know much of the peculiarities of not a few of the insane, or to those who think of this arrangement as applied to individuals in whom they feel a particular interest, especially if these be their wives or daughters, mothers or sisters. In other reports I have stated my views, derived from a practical test of both plans, in favor of a real separation of the sexes, among the insane. The true mode of securing to the male patients, the humanizing influence of female society, is not to have them associate with women who are also insane, but to have employed in the male wards of every hospital, just as many ladies of suitable age and character, with cultivated minds and attractive manners, as may be deemed desirable.

There is something very attractive to those who have not given this subject much consideration, in the title of the "family" or "cottage system," as distinguished from that of the hospital proper. And yet with a complete classification, a well-arranged hospital has a separation into families practically about as distinct as it would be in detached cottages, and yet retains many advantages that result from their closer proximity to each other. This is espe-

cially so in regard to all the modes provided for occupation and amusement, and, above all, for supervision.

It has been proposed to have as many as forty patients in one of these families. It might reasonably be objected that this number, with the necessary domestics, even in private life, would make a family of rather awkward dimensions, and bear little resemblance to the ordinary family circle. Even one-half this number would be a large family, and the fourth of it, unless composed of persons of congenial feelings, might be more than was agreeable, especially when removed from the proper kind of supervision.

The great charm of the real "family" does not come, however, from the small number of individuals in it, but from the relations of those who compose it,—parents and children, wives and husbands, and friends, with a community of interests, and not from being a collection of strangers, with separate interests and feelings, each intent on his own gratification.

This proposed "family system," no matter what size is adopted, must necessarily be much more like an invalid boarding-house, than a family in the proper sense of the word. The great objections, however, to the whole arrangement, are that you take away the facility of supervision,—which is sure to be more or less neglected, according to the character of those who manage the establishment,—responsibility is shifted from officers to subordinates,—and these often require as much supervision as the patients

themselves,—while the risks of accidents of various kinds, especially of escapes, personal injury, and of fire, are greatly and unnecessarily increased.

My own experience with cottages and detached buildings, even at very short distances, long since led me to the conclusion that no building to be occupied by patients should be so far removed from the main structure as not to be connected with it by a covered way, well lighted at all times, and comfortably warmed in winter.

I have never been able to discover, in these proposed changes, any advantage for the patients, that could at all compensate for the positive disadvantages, nor have I been able to learn how there was to be, from such an arrangement, any diminution of restraint, increase of comfort, or economy, either in first cost or subsequent management. The first, if attained at all, could be only by dispensing with what ought not to be dispensed with, the latter by placing the patients under the almost absolute care and control of those, who could hardly be regarded as specially fitted for such a responsibility.

In regard to “the great cost of construction,” that very clearly is a matter of choice. The centre building, to which so much objection is offered, may be made as small as is desired, and it has been practically demonstrated in one of our largest and best known hospitals, that extensions may be put up at a cost, for each inmate, quite as low as in any respectable house to contain a small number of patients. So of heating and ventilation, bathing and water-closet arrangements, and sewerage. No house is fit

for insane people to live in, that is without all, or any one of these, and if they are provided at all, it can be done quite as cheaply and as efficiently in a hospital, as in any private dwelling used for the purpose referred to.

All engaged in this great work of providing for the insane, should remember the axiom, that cannot be controverted,—that the best constructed buildings, and the most perfect arrangements for every one of these purposes, are always cheapest in the end. There can be no greater mistake made, than to put up an imperfect building and introduce fixtures and arrangements that are always requiring alterations and repairs, and yet never giving satisfaction.

There are grave doubts whether it is a sound proposition, that our establishments for the care and treatment of the insane should be made “industrial institutions rather than hospitals.” We must not forget that all these are sick people;—they have disease of a most delicate organ,—the brain,—and while varying greatly in their character, still, in all, there is absolute disease; and treatment—not perhaps the administration of medicine—but still treatment of some kind is required by every one of the inmates of these hospitals. We all concede that for certain classes of the insane—for most nervous people—for everybody indeed, not too ill,—properly regulated labor is desirable and useful, but not a little care is required in carrying this out among the insane, that great injustice may not be done to those, who are not able to protect themselves. If patients are placed under the care of “working men,” who understand

that they are to get as much as possible out of those under their charge, not a little harm is sure to be done, and when much money is made from the labor of the insane, this may very reasonably be suspected.

The great disinclination to labor, often noticed among the insane, is not always from indolence. It frequently comes from their disease, and rest is just as much indicated for some, as work is for others. There are some to whom even the recumbent position, during a portion of each day, is both a comfort and a right. So with that class who are suffering from an excited condition of the system, and who work with preternatural energy, their activity is the result of their disease, and they are more likely to be injured than benefited by their labor. All this only shows, that in hospitals alone and under medical supervision, can the industry of the insane be utilized, with safety and without injury and injustice to any.

DIDACTIC AND CLINICAL TEACHING ON THE SUBJECT OF INSANITY.—The series of resolutions, in reference to didactic and clinical instruction in regard to insanity, adopted by the Association at the meeting already referred to, has also a special interest for the public and for the insane, and the suggestions there made, it is hoped, may ultimately lead to a remedy for the difficulties alluded to. These resolutions are as follows, and sufficiently explain themselves:—

Resolved, That in view of the frequency of mental disorders among all classes and descriptions of

people, and in recognition of the fact, that the first care of nearly all these cases necessarily devolves upon physicians engaged in general practice,—and this at a period when sound views of the disease and judicious modes of treatment are specially important;—it is the unanimous opinion of this Association that in every school conferring medical degrees, there should be delivered, by competent professors, a complete course of lectures on insanity and on medical jurisprudence, as connected with disorders of the mind.

Resolved, That these courses of lectures should be delivered before all the students attending these schools; and that no one should be allowed to graduate without as thorough an examination on these subjects as on the other branches taught in the schools.

Resolved, That in connection with these lectures, whenever practicable, there should be clinical instruction, so arranged that, while giving the student practical illustrations of the different forms of insanity and the effects of treatment, it should in no way be detrimental to the patients.

So far as didactic teaching is concerned, there is little doubt but that most of the medical schools in the United States could readily make arrangements, with competent teachers, “for a complete course of lectures on insanity and on medical jurisprudence in connection with disorders of the mind.” Such courses might also be readily made active agents in disseminating a more correct popular knowledge of

the real character of insanity, its varied manifestations, the true principles of treatment, and the reasons why institutions for that purpose are indispensable; and in reference to all which, there still exists a most lamentable ignorance in no small portion of the community.

In regard to clinical instruction, giving "practical illustrations of the different forms of insanity and the effects of treatment that should be in no way detrimental to the patients," there might often be much more difficulty. There are many institutions where this would be quite inadmissible, but most of the large cities have establishments where a properly arranged system could be carried out without material inconvenience. The most thorough mode,—almost the only mode,—of acquiring a complete knowledge of the various forms of insanity and their treatment, and of the detailed requirements of this class of institutions, is by living among the insane in a hospital of this character. While there are grave doubts as to the practicability, expediency, or real value of taking a large class of students rapidly through all the wards of a hospital for the insane, once or twice a week, I see no difficulty in providing for a considerable number of students in the mode first suggested.

No hospital for the insane should have less than eight distinct classes of each sex, and with two hundred patients, would generally be able to exhibit all ordinary forms of the disease. Among the men there could be no difficulty—there ought to be a real advantage—in having as many as two or three

students resident in each ward, acting as companions for the patients, spending their time among them, and performing such duties as might be assigned to them. By changing from ward to ward, so as to get through the whole in six months, there could thus be given to as many as even forty or fifty young men, in a single year, an amount of practical knowledge that would often be invaluable in private practice, and especially to those who might be disposed to make a specialty of this branch of the profession. The presence of three or four intelligent, enthusiastic young men in each ward, too, would hardly fail to exert a most beneficial influence on attendants as well as patients. In regard to the female wards, the visits would be best arranged to be with the medical officers in their morning and evening rounds, with such details of the cases as could be afterwards given, and which would permit their being carefully studied. There might be some difficulty in accommodating so large a number, but even if they had to lodge in the vicinity, they might still board at, and spend their time in the institution.

There would be another important advantage in such a course of practical instruction. There are now about sixty hospitals for the insane in the United States, and each of these requires from two to four medical officers. The plan proposed would furnish a body of young physicians, who would everywhere be recognized as specially desirable for assistant medical officers, and who would, in due time, become competent to take the place of superintendents. This last is a subject that, for many years past, has

been a source of much anxious thought, with those who have reflected on the future of the institutions for the insane in this country.

The post of assistant physician should always be regarded as one of much importance, for in the absence or sickness of the superintendent, he becomes, for the time being, the chief executive officer of the establishment. The place, therefore, should never be given to any but men of cultivation, good personal manners, and high moral character, and, if possible, with these should be combined the other traits that are specially desirable in a superintendent. If it can be avoided, these places should rarely be taken as temporary ones, or merely for occupation, while waiting for something better. To prevent this, however, it will be necessary, whenever special ability is discovered, that it should be fairly recognized, and the compensation and accommodations of the assistant physicians, as well as those for the chief medical officer, should be such as to tempt highly qualified persons to remain in these positions, for frequent changes are most undesirable.

It must not be supposed from these remarks, that none but assistant physicians are competent to become superintendents,—for although, other things being equal, they are always most desirable,—such is not the case. A physician, with the right kind of natural and acquired traits of character, with a willingness to make the sacrifices that are necessary for the best purposes of the institution, will, in a short time, by actual examination of existing institutions, and by the practical course of study and observation

already suggested, make himself at home in the performance of his duties.

The object of these remarks is rather to add to the dignity of the post of assistant, and to induce young men of a high order of qualifications, to embrace this branch of the profession, by giving them some kind of assurance, that, when all other things are equal, their practical knowledge of details, will give them the preference; as, I believe, most boards of trustees are now disposed to do, in selecting their chief medical officers. These places should be such that, even as assistant physicians, their occupants can afford to wait for promotion. Some men are good assistants that may not make good superintendents; but it must be very rare, that a good superintendent is made out of a poor assistant. The former class may, notwithstanding, be very valuable officers, and very important in the economy of a hospital for the insane.

PREVALENT ERRORS IN REGARD TO INSANITY.—
It must be acknowledged that notwithstanding all the efforts made during the past half of a century, to disseminate correct views in regard to insanity, its treatment, and the character of the institutions provided for the purpose, there is still manifested, in some quarters, an amount of ignorance on the whole subject that is very surprising. No better work could be done, by those who have the leisure and the requisite knowledge, and are especially solicitous in regard to the welfare of their fellow-men, who are afflicted with mental unsoundness, than to disseminate correct views among the people on

all these points,—to meet error wherever it appears, and to oppose with facts the sensational writing that is so often met with. There are persons in whom this tendency to propagate mis-statements seems to be constitutional, chronic in its form, and which no ordinary mode of combating error can fully eradicate.

The press of this country has done a great work in its advocacy of schemes for promoting the most enlightened system of treatment for the insane, and for extending the provision for all such sufferers, and which, without such assistance, must have failed. For such service, every philanthropist must feel under lasting gratitude. At the same time it cannot be denied that to a portion of it, must be attributed, in no small measure, the existence among the people of an amount of ignorance and prejudice, not readily reconcilable with the general intelligence of the age. Is it not a reproach to the most ordinary ideas of justice, that anonymous books, works of fiction, and statements of the most extravagant kind, should, without any inquiry, be accepted as truths, and commentaries upon them, even by some journals of no mean character, be based on their declarations, precisely as if they were true? Criticism under such circumstances can hardly be fair, and the personal abuse which every now and then follows, is only a natural consequence of such a course, while a careful investigation would rarely fail to demonstrate, that there was not the remotest ground for censure,—that these denunciations were based upon testimony that would be scouted from any court of justice, and which would too often be

found to be merely the offspring of ignorance and prejudice, sometimes of personal malice, not rarely of still existing delusions.

While charges thus made are often of a character precluding notice from any one having a proper degree of self-respect, all rightly constituted persons have just cause to complain that, without inquiry or investigation, they are frequently accepted as true by individuals who would feel greatly libelled if they were charged with doing a wilful wrong to any one.

No better illustration of the present want of correct information in regard to insanity could be given than the fact, that within a year, at least one newspaper in our own good city, should have gravely told its readers, editorially, that no cures had ever been reported from an institution that has had more than five thousand cases under its care, while the truth is, that about half that number have been returned to their friends, cured, and the fact has been widely published, as well as that 80 per cent. of all recent cases have been restored to health.

If it were simply to fill up the vacant columns of a newspaper, to give spicy reading to those who are always hungering after something sensational, or to offer amusement to those who enjoy caricatures of human afflictions, all this might readily be passed over. Without any reference to the rank injustice that is often done, it may safely be said that the great injury thus inflicted, is not to institutions or their officers, for, when insanity really comes into a family—and there is none that can claim an exemption—it is always found that, sooner or later, all

intelligent persons make inquiries for themselves, visit these institutions, confer with their officers, and rarely fail to discover the truth, and to avail themselves of what is often the only course left open to them. The great harm done, in the mode alluded to, is to the insane and their families, and to the public: to the insane, because these popular prejudices often lead to a postponement of treatment till the best period for it has passed; to the families of patients, as they are thus burdened with uncalled for cares, anxieties, and responsibilities, and often with a painful distrust of what is being done in the subsequent progress of the case; to the public, because they are led to do injustice, and are exposed to all the risks that come from dangerous persons being at large, and the reality of which is amply confirmed by the almost daily announcements found in the newspapers.

CONCLUSION.—With devout gratitude to an overruling Providence for all the blessings of the year just closed, for the more than ordinarily successful results that have been achieved by the hospital, for the marked evidences of confidence it has received from so many quarters, and with a full recognition of your own liberal appreciation of its work and of the labors of its officers,—I again commend it to your deepest interest and most enlightened care, and to the generous sympathy and support of all our citizens.


THOMAS S. KIRKBRIDE.

A P P E N D I X .

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

 Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, and, judging from past experience, will thus be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

All classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

a certificate of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of _____ made within one week of the date of this certificate, we find _____ to be insane, and a proper subject for hospital treatment.

_____, 1872. _____ M.D.

_____, 1872. _____ M.D.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and _____ to before me, this _____ of _____ 1872, that the signatures thereto are genuine, and that the signers are physicians of respectability.

_____ [L. S.]

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____.
_____ 1872.

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of ——— being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.†

Witness our hands the ——— day of ———, 1872.

————— [L. S.]

————— [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What have been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?

10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.



R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1872.

BY THOMAS S. KIRKBRIDE, M.D.,

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA:
1873.

OFFICERS OF THE INSTITUTION.

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Department for Females.

ASSISTANT PHYSICIAN.

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STEWARD.

JOSEPH JONES.

MATRON.

ANNE JONES.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia; but letters come more promptly through the Post-Office.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN obedience to the requisitions of the By-Laws of the PENNSYLVANIA HOSPITAL FOR THE INSANE, the undersigned presents to its Board of Managers his thirty-second Annual Report.

At the date of the last report, there were 372 patients in the Institution; since which 325 have been admitted, and 302 have been discharged or have died, leaving 395 at the close of the year.

The total number of patients in the hospital during the year was 697. The highest number at any one time was 425; the lowest was 372; and the average number under treatment during the whole period was 404; 202 males, and 202 females.

The number of males in the hospital during the year was 370, and the number of females was 327. The highest number of males at any one time was 210, and the highest number of females 215. At the beginning of the year there were 188 males, and 184 females. At this date there are 206 males, and 189 females. The number of males admitted during the year was 182, and the number of females 143.

Of the patients discharged during the year 1872, were

	Males.	Females.	Total.
Cured,	65	62	127
Much Improved . .	10	25	35
Improved	38	21	59
Stationary	19	13	32
Died	32	17	49

Of the patients discharged "cured," sixty-six were residents of the hospital not exceeding three months; thirty, between three and six months; twenty-three, between six months and one year; and eight, for more than one year.

Of those discharged, "much improved," twenty-two were under treatment less than three months; four, between three and six months; seven, between six months and one year; and two, for more than one year.

Of the "improved," eighteen were under care less than three months; eighteen, between three and six months; nine, between six months and one year; and fourteen, for more than one year.

Of those discharged and reported "stationary," fourteen were under care less than three months; two, between three and six months; six, between six months and one year; and ten, for more than one year.

Thirty-two males and seventeen females have died during the year. Of these deaths, ten resulted from acute mania; twelve, from general paralysis; four, from the gradual exhaustion of chronic mania; five, from acute melancholia, connected with an obstinate refusal of food; four, from pulmonary consumption;

one, from congestion of the lungs; one, from the effects of extreme heat; one, from typhoid fever; two, from epilepsy; one, from neuralgia; four, from apoplexy; one, from inflammation of the peritoneum; one, from old age; one, from disease of the liver; and one, from a gunshot wound of the head, received before his admission.

Of the patients who died, twenty-four were admitted for mania; nine, for melancholia; one for monomania; fourteen, for dementia; and one, for delirium.

Of those who died, six were in the house less than one week; eleven, less than one month; eight, were less than three months; six, between three and six months; six, between six months and one year; and twelve for more than one year. Of these last, one had been in the hospital eighteen years; one, twenty-seven; and one, thirty years. The patient admitted for delirium, was a case of typhoid fever, and died on the ninth day; and one of the patients who died of consumption, although insane, was in the last stage of the former disease, and lived only four days after his admission.

STATISTICAL TABLES.—The statistical tables given in these reports, always refer to the whole number of patients received or discharged since the opening of the Institution in its present location, on the first day of 1841, and now, of course, embrace a period of thirty-two years, and an observation of 6390 patients.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	3403	2987	6390
Discharges	3197	2798	5995
Remain	206	189	395

TABLE II.—*Showing the ages of 6390 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	245	190	435
Between 10 and 15	9	16	25	“ 55 and 60	154	118	272
“ 15 and 20	173	173	346	“ 60 and 65	125	102	227
“ 20 and 25	491	417	908	“ 65 and 70	53	72	125
“ 25 and 30	490	473	963	“ 70 and 75	54	46	100
“ 30 and 35	450	402	852	“ 75 and 80	23	16	39
“ 35 and 40	469	365	834	“ 80 and 85	4	8	12
“ 40 and 45	347	339	686	“ 85 and 90	1	—	1
“ 45 and 50	313	246	559	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 3403 male patients.*

Farmers	408	Coppersmith	1
Merchants	332	Tanners	6
Clerks	318	Artists	23
Physicians	76	Hairdressers	2
Lawyers	71	Police Officers	10
Clergymen	39	Machinists	68
Masons	26	Plane-maker	1
Umbrella-makers	5	Iron-masters	2
Printers	34	Weavers	33
Teachers	46	Bricklayers	13
Officers of the Army	10	Brick-makers	5
“ “ Navy	16	Sail-makers	6
Students	68	Coopers	4
“ of Medicine	16	Jewellers	16
“ of Law	9	Potters	2
“ of Divinity	10	Chair and Cabinet makers	35
Saddlers	15	Blacksmiths	42
Peddlers	17	Watchmakers	9
Tobacconists	27	Hotel Keepers	43
Carpenters	113	Second-hand dealers	4
Bakers	18	Cap Manufacturer	1
Seamen and Watermen	60	Locksmiths	3
Planters	30	Millers	16
Manufacturers	69	Glassblowers	3
Coachmen	7	Wheelwrights	7
Druggists	31	Gardeners	19
Laborers	257	Chemists	5
Engineers	21	Print Cutters	2
Plasterers	18	Curriers	2
Bank Officer	1	Tailors	47
Conveyancers	8	Shoemakers	95
Bookbinders	13	Brokers	11
Hatters	9	Waiter	1
Rope-makers	3	Stove-makers	3
Tinmen	21	Dentists	3
Painters	31	Victuallers	15
Brush-makers	2	Soldiers U. S. A.	19
Paper-hangers	2	Brewers	3
Boat-builder	1	Coach-trimmers	2
Carvers	2	Auctioneers	2
Confectioners	13	Plumbers	5
Coach-makers	8	Type Founders	3
Public Officers	5	Telegraph Operators	4
Shipwrights	2	Whip-maker	1
Collector	1	Silversmiths	3
Nurses	2	Photographer	1
Soap-maker	1	Wire-worker	1
Contractors	5	Upholsterers	4
Authors	4	Drovers	5
Editors	2	Brass Founder	1
Railroad Conductor	1	Pattern-maker	1
Apprentices	3	Comb-maker	1
Musicians	2	No occupation	480

TABLE IV.—*Showing the occupation of 2987 female patients.*

Seamstresses or Mantua-makers	279	Daughter of Hatter . . .	1
Storekeepers	26	“ Publisher	1
Attendants in stores	21	Of the <i>Married</i> similarly situated, were—	
Cigar-makers	3	Wives of Clerks	77
Teachers	84	“ Teachers	16
Domestics	285	“ Farmers	226
Nurses	26	“ Brass Founders	4
Artists	5	“ Gardeners	6
Factory Girls	10	“ Saddlers	5
Physician	1	“ Printers	7
Sister of Charity	1	“ Machinists	33
Clerks	5	“ Masons	4
Actress	1	“ Painters	2
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Stage Owners	2
Daughters of Farmers	139	“ Cutler	1
“ Merchants	171	“ Bank Officers	10
“ Masons	4	“ Innkeepers	35
“ Bank Officers	7	“ Bookbinders	3
“ Weavers	19	“ Tinmen	3
“ Laborers	24	“ Editors	6
“ Sea Captains	5	“ Plasterers	4
“ Auctioneer	1	“ Engineers	13
“ Innkeepers	9	“ Artists	11
“ Teachers	12	“ Bricklayers	2
“ Carpenters	13	“ Paper-makers	2
“ Paper-makers	2	“ Collectors	5
“ Physicians	14	“ Brick-makers	6
“ Planters	31	“ Seamen	13
“ Watchmaker	1	“ Merchants	197
“ Curriers	3	“ Physicians	18
“ Clerks	33	“ Lawyers & Judges	41
“ Engineers	2	“ Shoemakers	37
“ Clergymen	23	“ Hatters	6
“ Miller	1	“ Cabinet-makers	20
“ Public Officers	22	“ Laborers	174
“ Officers of Army	2	“ Grocers	7
“ “ Navy	1	“ Clergymen	27
“ Lawyers	28	“ Tobacconists	8
“ Machinists	6	“ Weavers	15
“ Bricklayers	2	“ Sea Captains	4
“ Chair-maker	1	“ Victuallers	10
“ Manufacturers	12	“ Brush-makers	2
“ Tailors	7	“ Tailors	23
“ Waterman	1	“ Millers	8
“ Bakers	4	“ Police Officers	9
“ Printers	5	“ Carpenters	41
“ Shoemakers	4	“ Druggists	14
“ Druggists	3	“ Planters	13
“ Artists	3	“ Peddlers	7
“ Brick-maker	1	“ Manufacturers	56
“ Blacksmiths	2	“ Broker	1
“ Musician	1	“ Tanners	12
“ Dentists	4	“ Officers of Army	9
“ Victualler	1	“ “ Navy	1
“ Saddler	1	“ Plumbers	3
“ Coach-makers	4	“ Blacksmiths	9
		“ Bakers	4

TABLE IV.—*Continued.*

<i>Wives of</i> Confectioners . . .	3	<i>Widows of</i> Lawyers . . .	4
“ Hairdressers . . .	2	“ Carpenters . . .	7
“ Contractors . . .	4	“ Clerks . . .	14
“ R. R. Conductor . . .	1	“ Tanners . . .	2
“ Dentists . . .	4	“ Teachers . . .	2
“ Watchmakers . . .	4	“ Planters . . .	6
“ Public Officers . . .	4	“ Bricklayers . . .	2
“ Brewers . . .	2	“ Painters . . .	2
“ Optician . . .	1	“ Seamen . . .	7
Of the <i>Widows</i> similarly situated, were—		“ Engravers . . .	2
<i>Widows of</i> Merchants . . .	58	“ Engineers . . .	5
“ Physicians . . .	15	“ Machinists . . .	6
“ Public Officers . . .	11	“ Masons . . .	2
“ Sea Captains . . .	7	“ Printer . . .	1
“ Hotel Keepers . . .	6	“ Blacksmiths . . .	2
“ Shoemakers . . .	23	“ Bakers . . .	2
“ Clergymen . . .	5	“ Druggist . . .	1
“ Farmers . . .	59	“ Musician . . .	1
“ Coopers . . .	3	“ Interpreter . . .	1
“ Laborers . . .	39	“ Tailor . . .	1
“ Manufacturers . . .	15	“ Dentist . . .	1
		“ Tinman . . .	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 6390 patients.*

	Maies.	Females.	Total.
Single	1676	1246	2922
Married	1561	1362	2923
Widows	—	379	379
Widowers	166	—	166

TABLE VI.—*Showing the nativity of 6390 patients.*

Natives of Pennsylvania .	3438	Natives of Canada . .	15
“ New Jersey . .	305	“ France . .	23
“ Delaware . .	146	“ England . .	265
“ Maryland . .	185	“ Scotland . .	40
“ Virginia . .	83	“ Ireland . .	792
“ North Carolina .	54	“ Germany . .	355
“ South Carolina .	50	“ Poland . .	8
“ Georgia . .	26	“ Prussia . .	14
“ Alabama . .	15	“ Switzerland . .	6
“ Tennessee . .	21	“ Bermuda, W. I. .	2
“ Indiana . .	8	“ Jamaica, “ . .	2
“ Kentucky . .	30	“ St. Domingo, “ .	4
“ D. of Columbia .	16	“ Barbadoes, “ .	4
“ Maine . .	17	“ Cuba, “ . .	10
“ Massachusetts . .	70	“ Guadaloupe, “ .	1
“ Connecticut . .	41	“ Martinique, “ .	1
“ Missouri . .	13	“ St. Croix, “ . .	1
“ Ohio . .	35	“ St. Thomas . .	1
“ New Hampshire .	9	“ Isle of Madeira .	1
“ Louisiana . .	21	“ Isle of Man . .	1
“ Rhode Island . .	11	“ Spain . .	2
“ New York . .	193	“ Italy . .	3
“ Mississippi . .	9	“ Denmark . .	3
“ Vermont . .	5	“ Holland . .	4
“ West Virginia . .	4	“ Russia . .	1
“ Michigan . .	2	“ Austria . .	4
“ Iowa . .	1	“ Bavaria . .	3
“ Texas . .	3	“ Venezuela, S. A. .	1
“ Illinois . .	4	“ Norway . .	1
“ Florida . .	1	“ Costa Rica . .	1
“ Sicily . .	1	“ St. Kitts . .	1
“ Nova Scotia . .	2	Born at Sea . . .	1

TABLE VII.—*Showing the residence of 6390 patients.*

Residents of Pennsylvania .	5264	Residents of Connecticut .	10
“ New Jersey . .	218	“ Maine . .	3
“ Delaware . .	120	“ Rhode Island . .	5
“ Maryland . .	144	“ New York . .	140
“ Virginia . .	61	“ Florida . .	1
“ West Virginia . .	7	“ Wisconsin . .	1
“ D. of Columbia .	26	“ California . .	4
“ North Carolina .	49	“ Oregon . .	1
“ South Carolina .	33	“ Minnesota . .	2
“ Georgia . .	28	“ Kansas . .	2
“ Alabama . .	18	“ Montana . .	1
“ Louisiana . .	39	“ Colorado . .	1
“ Tennessee . .	15	“ Jamaica, W. I. .	1
“ Kentucky . .	21	“ Barbadoes, “ .	4
“ Arkansas . .	4	“ Cuba, “ . .	10
“ Mississippi . .	12	“ St. Croix, “ . .	1
“ Vermont . .	3	“ St. Thomas, “ .	3
“ Texas . .	9	“ Isl. of Madeira .	1
“ Illinois . .	16	“ Germany . .	3
“ Michigan . .	4	“ Venezuela, S. A. .	2
“ Ohio . .	40	“ England . .	2
“ Indiana . .	13	“ Norway . .	1
“ Missouri . .	19	“ Costa Rica . .	1
“ Massachusetts . .	16	“ Mexico . .	1
“ New Hampshire .	1	“ Canada . .	3
“ Iowa . .	7		

TABLE VIII.—*Showing the supposed causes of insanity in 6390 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	631	518	1149	Mortified pride	2	1	3
Intemperance	493	45	538	Celibacy	1	—	1
Loss of property	162	43	205	Anxiety for wealth	3	—	3
Dread of poverty	3	2	5	Use of opium	10	13	23
Disappointed affections	30	51	81	Use of tobacco	12	2	14
Intense study	38	11	49	Lead-poisoning	1	—	1
Domestic difficulties	44	84	128	Use of quack medicines	2	1	3
Fright	15	29	44	Puerperal state	—	247	247
Grief, loss of friends, &c.	75	240	315	Lactation too long continued	—	11	11
Intense application to business	43	10	53	Uncontrolled passion	5	7	12
Religious excitement	76	113	189	Tight lacing	—	1	1
Political excitement	13	—	13	Injuries of the head	78	6	84
Metaphysical speculations	1	—	1	Masturbation	80	1	81
Want of exercise	6	2	8	Mental anxiety	155	246	401
Engagement in duel	1	—	1	Exposure to cold	3	1	4
Disappointed expectations	8	17	25	Exposure to direct rays of the sun	60	2	62
Nostalgia	—	7	7	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	6	—	6
Want of employment	42	2	44	Old age	—	1	1
				Unascertained	1301	1272	2573

TABLE IX.—*Showing the ages at which insanity first appeared in 6390 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	13	4	17	Between 45 and 50	243	201	444
Between 10 and 15	52	60	112	“ 50 and 55	172	144	316
“ 15 and 20	318	300	618	“ 55 and 60	116	107	223
“ 20 and 25	603	536	1139	“ 60 and 65	85	63	148
“ 25 and 30	588	529	1117	“ 65 and 70	35	20	55
“ 30 and 35	403	400	803	“ 70 and 75	20	14	34
“ 35 and 40	428	311	739	“ 75 and 80	12	6	18
“ 40 and 45	313	285	598	“ 80 and 85	2	7	9

TABLE X.—*Showing the forms of disease for which 6390 patients were admitted.*

	Males.	Females.	Total.
Mania	1507	1426	2933
Melancholia	767	950	1717
Monomania	505	367	872
Dementia	610	239	849
Delirium	14	5	19

TABLE XI.—*Showing the duration of the disease at the time of admission in 6390 patients.*

	Males.	Females.	Total.
Not exceeding 3 months	1619	1671	3290
Between 3 and 6 months	265	216	481
“ 6 months and one year	417	337	754
“ 1 and 2 years	432	286	718
“ 2 and 3 “	216	130	346
“ 3 and 4 “	112	84	196
“ 4 and 5 “	80	49	129
“ 5 and 10 “	135	110	245
“ 10 and 15 “	52	46	98
“ 15 and 20 “	26	27	53
“ 20 and 25 “	23	14	37
“ 25 and 30 “	12	10	22
“ 30 and 35 “	6	4	10
“ 35 and 40 “	4	—	4
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 6390 cases.*

	M.	F.	T.		M.	F.	T.
First attack	2485	2108	4593	In the <i>periodical</i> cases,			
Second “	522	516	1038	10th 6 m. 6 f., 11th 3 m. 4 f. .	9	10	19
Third “	160	184	344	12th 3 m. 3 f., 13th 1 m. 2 f. .	4	5	9
Fourth “	84	74	158	14th 1 m. 3 f., 15th 1 m. 1 f. .	2	4	6
Fifth “	41	42	83	16th 1 m., 17th 2 m.	3	—	3
Sixth “	54	12	66	18th 4 m., 19th 2 m.	6	—	6
Seventh “	16	6	22	20th and 21st each 1 m. and 1 f.	2	2	4
Eighth “	9	8	17	22d 1 m., and to 26th each 1 f. .	1	5	6
Ninth “	5	4	9	27th 2 f., 29th 1 f.	—	3	3
				30th, 31st, 32d, 33d, each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of 5995 patients, who have been discharged or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1522	1472	2994	1686	826	403	77	2
Much improved	195	302	497	210	185	73	29	—
Improved	542	455	997	358	288	170	181	—
Stationary	497	245	742	241	163	106	231	1
Died	441	324	765	332	156	36	225	16

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions	Discharges.	Cures.	Deaths.
1st month	504	494	214	66
2d “	479	349	176	52
3d “	548	461	232	62
4th “	628	453	215	68
5th “	632	538	263	68
6th “	621	524	258	48
7th “	527	564	284	73
8th “	515	544	275	83
9th “	497	533	276	71
10th “	507	530	280	58
11th “	470	503	252	55
12th “	462	502	269	61

EVENING ENTERTAINMENTS, INSTRUCTION AND AMUSEMENT OF THE PATIENTS.—All the arrangements for evening entertainments have been kept up without diminution in any respect. During the year just closed, through the kindness of various friends in Philadelphia, we have had more than the usual variety, and many of the readings and concerts thus given have been of a high order. As in the previous four years, there was not a single evening of any week, at the Department for Females, during fully nine months, that there was not some entertainment in which a large proportion of all the patients could participate; and the same was the case at the Department for Males, with the exception, that instead of light gymnastics—so very successful under the care of the able teacher of this branch, at the Department for Females—recourse was had, on two evenings, to the varied provision of games, in the wards, with an occasional special entertainment in the lecture room. Very fine exhibitions of dissolving views, and of

various other kinds, readings from standard authors, lectures on a great variety of subjects, concerts, gymnastic exercises, patients' and officers' tea parties, with other amusements, continue to be among the prominent means of breaking up the sad monotony of the evenings, which, in former times, was so much and so justly complained of in all institutions for the insane. Considerable additions have been made to the libraries, to the collection of pictures and curiosities, of views for the lanterns, to the amount of newspaper and periodical reading, and to the means of riding. The walks within the inclosure have been put in excellent order, and nothing but sickness and stormy weather now prevents any of the patients from having a large amount of out-door exercise daily. Among the ladies some new forms of occupation, and especially fancy sawings in wood, have been introduced, quite successfully. In all suitable weather, out-door games have been much used by the patients at both buildings.

IMPROVEMENTS. — The principal improvements made during the past year, at the Department for Females, consist in the erection of a sewing room, in immediate connection with the parlor of the north 3d ward, and of a similar one for the south wing, and which, by having the walls carried up another story, gives a bright and cheerful dining-room for the 1st and 2d wards, on that side of the house, in place of those heretofore used. This dining-room is entered from the 2d ward parlor, and has in it a dumb waiter and speaking tube commu-

nicating with the basement, a china closet, sink, steam table, etc. All these rooms are warmed by steam taken from the main heating pipe, and will add greatly to the comfort of the patients and the convenience of our domestic arrangements. A small brick kitchen has also been added to the farm house.

A new building capable of accommodating thirty patients, in two distinct wards, and rendering the Department for Females equal in capacity to that for Males, has been commenced, and the work has so far progressed as to be under roof, and will be finished during the coming summer. This addition to the Hospital is being put up from what is left of the legacy of the late Joseph Fisher, and which was specially given "for extending and improving the accommodations for the insane."

The improvements at the wash-house and in the engine-room at the Department for Females, described in last year's report, have turned out very satisfactorily, and fully equalled all that was anticipated from them.

At the Department for Males all the large boilers have been thoroughly overhauled and are now in complete order. The main steam-pipe leading from them to the extreme northern side of the building has been renewed, and its location changed from the under-ground duct leading to the main chimney, to the basement of the hospital buildings, with manifest advantage, both in efficiency and convenience of access. This main pipe has been protected by a non-conducting covering, and the changes made have secured a more equable diffusion of heat

through the extreme portions of the northern section of the building, than was ever before had.

The lecture-room at the Department for Males has been greatly improved in appearance by new carpeting, curtains, pictures, etc., and what makes the change particularly appreciated is that it, like so many of our other improvements which have added materially to the cheerfulness of the wards and the comfort of the patients, was done entirely by special contributions from friends of the hospital.

The roadways and plank-walks which are so valuable in connection with the daily exercise of the patients, have been thoroughly repaired, and are now, with few exceptions, in admirable order. Nothing adds more to the comfort of all classes of patients than these walks, which are always available, unless it is actually storming. They seem, in our experience, preferable to any other kind that we have used, and when well made, we have found them to last about seven years, and their advantages are sufficient to justify their renewal at these periods.

SUPPLY OF WATER.—From the opening of this hospital in 1841, until within a very short time, it has been supplied with water from springs on its own premises, collected in large wells or in a pond, and thence raised by steam pumping machinery into tanks in the domes of the two buildings, and afterwards distributed throughout the establishment. Within the last few years, however, the amount derived from these springs has been found to be gradually diminishing, and it has recently become

obvious that sooner or later, to be certain of an abundant supply of this essential of every such institution, it would be necessary to look for it from other sources. The erection of the new city works on the western side of the River Schuylkill, and the completion of the large basin on George's Hill, gave an opportunity to obtain all we require, and, it is hoped, without pumping. This is certainly so at the Department for Females, and will probably be, at the Department for Males, which is several feet higher. Through the liberality of the city authorities, this hospital is now able, at a very moderate cost, to secure all the water required, from this source, and also, by the attachments to the street mains, to bring the city water so near the buildings as to be available in case of fire, plugs being placed in proper positions around it.

This change is to be regarded as one of the most important improvements made during the year. There is nothing that should be more certainly determined, when selecting the site for a hospital for the insane, than the source, purity, and positive abundance of its water supply. This is absolutely necessary for the safety of the buildings from fire, and for the health, comfort, and treatment of its inmates. While there should be no waste of water, more than of anything else, still the supply should always be so abundant that just as much as is desired may be used for all purposes. It is melancholy to know how often this most important matter has been neglected, and how many institutions have,

from this cause, not only experienced great inconveniences, but have had constant risks that ought never to be incurred, and not rarely have suffered from epidemics of a serious character among their residents, which were probably attributable to this source alone. A doubt as to the abundance of the water supply, ought to be enough to cause the rejection of any site recommended for any kind of hospital, and especially of one for the insane, no matter what may be its other advantages.

MUNICIPAL IMPROVEMENTS.—The work on Haverford Street, to which allusion was made a year ago, has been mainly completed, and although involving the Institution in an inconveniently large expenditure, has certainly added much to the convenience of the hospital and of those who have occasion to visit it. But for the early period at which the cold weather began, everything would, before this, have been finished on Haverford Street. The proposed opening, widening, and paving of Market Street, during the year just commencing, will be a still more costly undertaking than the work already accomplished on Haverford Street. It is hoped that this can be done so as to promote the interests of the public and without seriously impairing the conveniences of the hospital, for what benefits or injures the latter, cannot but do the same to the community, for their true interests are identical.

The amount paid during the year for work on Haverford Street was \$11,549 38.

ACKNOWLEDGMENTS.—As in previous years, I have the pleasure of making acknowledgments to a large number of friends of the hospital for their generous remembrance of it, and their aid in promoting the comfort and happiness of its patients.

To Wistar Morris for \$100; to Mrs. H. L. for \$100; to J. Edgar Thomson for \$60; to Mrs. Charles Wood for \$50; to Samuel Welsh for \$50; to J. Gillingham Fell for \$50; to George W. Childs for \$50; to A. E. Borie for \$50; to Matthew Baird for \$50; to Wm. A. Blanchard for \$50; to Misses H. and R. Benson for \$50; to Daniel R. Paul for \$50; to Thomas H. Powers for \$50; to Thomas A. Scott for \$50; to Jacob P. Jones for \$25; to Joseph Harrison, Jr., for \$25; to Wm. Massey for \$25; to William Ray for \$25; to J. G. W. for \$25; to R. B. Collins for \$25; to Jay Cooke for \$25; to Mrs. L. J. for \$25; to A. L. F. for \$25; to Dr. E. A. Smith for \$25; to G. P. H. for \$25; to John J. Thompson for \$25; to Wm. Weightman for \$20; to E. & R. Draper for \$20; to W. B. Perkins for \$20; to Joseph Stoddart for \$20; to Beach Vanderpool for \$20; to Mrs. Wilstach for \$10; to Mrs. Reading for \$10; to Mrs. E. Chapman for \$10; to M. L. Dawson for \$10; to Mrs. H. M. J. for \$10; to Joseph C. Turnpenny for \$10; and to James Bellak, Mrs. Locke, Mrs. T. C. Remard, and to Mrs. Ballard, each, for \$5. All the above sums, amounting to \$1290, were given for specific objects at the Department for Males, such as the purchase of a new piano, a new cabinet organ, for pictures, or for fitting up and refurnishing the Lecture Room. To

Charles H. Rogers, of N. York, we are also indebted for \$500 for the benefit of the patients in the same department : to the late Mary Ann Williams, through her sister, Eliza P. Gurney, we are indebted for \$1000, to be added to the Permanent Fund of the Pennsylvania Hospital for the Insane ; to Eliza P. Gurney for \$500, for the benefit of its patients ; and for the same object, to "A Friend," for \$50 ; to Joseph C. Turnpenny for \$50 ; to John Robbins for \$50 ; to William Massey for \$50 ; to Henry Morris for \$5 ; and to "A former patient" for \$5. To Francis Wells we are under special obligations for a large number of readings at both departments, and for valuable aid in our various means of entertaining the patients ; to J. E. Megargee, Prof. Reinhart, and friends, for readings and entertainments at both departments ; to F. C. Bangs for two readings ; to Mr. Platt for a lecture ; to Dr. Deal for a lecture on Flame ; to Miss Wilhelm and friends for two concerts ; to Mr. and Mrs. Kelleher and Prof. Carl Roesse for a concert ; to Prof. Gilder and the Hayes Quartette for a concert ; to Miss Hershey and friends for two concerts ; to the Messrs. Neilson and friends for a concert ; to Mr. and Miss Gotterman for a concert ; to Miss Schamburg, Professor Rondinella, and friends, for a concert ; to Mrs. Bradley and friends for a concert ; to Mr. Duane for an evening entertainment ; to Mr. and Mrs. E. L. Davenport for the same ; to Mr. Blitz for a performance before the patients ; to Mrs. Charles Wheeler for a handsome set of Cooper's Works for the library ; to J. B. Lippincott & Co. and Claxton, Remsen, &

Haffelfinger for liberal deductions in the price of books; to J. F. Eppelsheimer for all the belting and other leather required at the Department for Males; to Schomacker & Co. for deduction from price of piano; to James Bellak for deduction from price of cabinet organ; to Isaac S. Williams for deduction from amount of bill; to Wistar Morris for the "Illustrated London News" and other periodicals; to Joseph Stoddart for one year's subscription to "To-Day;" to Tracy S. Knapp for fifty Prayer Books and a Bible Commentary; to the Tract Society for fifty almanacs and periodicals; to George H. Stuart for books and periodicals; to Benjamin H. Shoemaker for valuable mirrors; to Mrs. A. D. Morris and friends for pictures and papers; to Miss Otto for periodicals; to Wm. Ray for periodicals; to Edward Y. Townsend for two framed pictures; to Dr. E. A. Smith for a lot of books; to the Philadelphia Bible Society for Bibles; to Samuel Mason for a carriage for the use of the patients; to the "Evening Star" for a fine croquet set; to A. Bechtel for a set of minerals for the museum; to Dr. J. Gordon Maxwell for valuable aid in the evening entertainments; to Alexander J. Derbyshire for the use of a horse for the patients' carriage, and for various prints and engravings; to the Franklin Fire Insurance Company for two copies of Harper's Magazine; to the publishers of the "Philadelphia Evening Bulletin," and of the New York "Evening Mail" for a copy of their daily papers; and to James W. Queen & Co., and to W. Mitchell McAllister, we

are again indebted for their liberality and the interest they have always manifested in aiding us to add to the means of amusement of the patients.

I have the pleasure to be able to report no change in the officers associated with me during the past year. As has been the case since the opening of the Department for Males, in 1859, Dr. S. Preston Jones has had the immediate charge of that division of the hospital, and in the performance of his important duties he has had during the year the assistance of Dr. Wm. H. Bartles, as Assistant Physician, while Joshua P. Edge has continued as Steward, and Hannah P. Sager as Housekeeper. At the Department for Females, Dr. William P. Moon is Assistant Physician, Joseph Jones, Steward, and Anne Jones, Matron.

To all those who have been mentioned, especially, and to all others, whatsoever may have been their duties, bringing them in any way in contact with the patients, or who have accomplished anything to increase their comfort, I would express my very sincere obligations for all they have done to promote the prosperity of the hospital and add to the happiness of its inmates. As I have often said before, there is no place so high, nor any so low, but that a genuine unselfish devotion to the performance of its duties will be of service to the sick, ought to and will secure the respect of every friend of the afflicted, and, better than all, the satisfaction that comes from a consciousness of these duties having been faithfully performed.

RECEIPTS AND EXPENDITURES.—The following abstracts of the receipts and expenditures at each department of this hospital, during the year 1872, have been transcribed from the books, by the Stewards of the Institution, viz:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds	\$24,244 40
Household expenses	49,231 47
Furniture	7,740 67
Lights	1,791 80
Fuel	8,594 74
Garden, grounds, live stock, and carriages	1,112 90
Grain and feed for stock	783 60
Repairs and improvements	4,770 58
Medicines	1,553 11
Amusement of patients	230 68
Stationery and printing	415 44
Library	177 73
Miscellaneous	175 15
Renewing steam and water-pipes	1,809 46
Covering steam and water-pipes and boilers with felting	1,867 20
Supporting wall on Haverford Street	506 03
<hr/>	
Total expenditures	\$105,004 96
Net receipts	\$103,675 99
Average number of patients	202
“ “ free patients	15
Amount expended in 1872 on free patients	\$7,800 00

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . . .	\$20,850 14
Household expenses	36,537 47
Furniture	3,588 47
Lights	2,047 72
Fuel	5,953 70
Garden, grounds, live stock, and carriages	1,213 25
Grain and feed for stock	3,073 05
Repairs and Improvements	6,582 11
Medicines	849 51
Amusement of patients	989 58
Stationery and printing	593 76
Library	74 18
Miscellaneous	99 74
Rebuilding and furnishing laundry . . .	2,176 47
Municipal improvements on Haverford St.	11,043 25
<hr/>	
Total expenditures	\$95,672 40
Net receipts	95,256 07
Average number of patients	202
“ “ free patients	28
Amount expended in 1872 on free patients	\$13,261 50

From these statements it will be seen that the average number of patients in the hospital is rather greater than last year, and from various causes the average cost per patient has also increased. Had the accounts been kept open one day longer, the receipts and expenditures would have been just about the same.

The average number of free patients receiving the

benefits of the hospital is exactly the same as last year, and the amount expended on this class during the year 1872 was \$21,061 50.

CROWDING OF HOSPITALS FOR THE INSANE. THE DEMAND FOR INCREASED ACCOMMODATIONS.—The evils resulting from crowding Hospitals for the Insane are so grave, and the results of this condition so obvious to any intelligent observer, that it is wonderful that this state of things has become so general and has been so long tolerated, especially in the State institutions throughout the country. Those who have passed through this ordeal, need not be told what are the results that are almost sure to accompany it. Subversive of all good discipline, this condition becomes the apology for what would not otherwise be tolerated. The labor and anxiety of all concerned are unnecessarily increased, the comfort of the patients is diminished, the classification is impaired, dangers are multiplied, accidents become more numerous, and no institution thus situated can do full justice to itself or its inmates.

It has been the good fortune of this hospital, since the opening of the Department for Males, more than thirteen years ago, to be clear of all such experience, and the comfort of always having spare rooms has been recognized as an advantage to patients and all engaged in their care, that can hardly be over-estimated. There is one possible advantage that may come from this crowding, but it is apt to come too slowly. It may lead to an extension of the buildings, as was the case here; for it was the crowded

condition of the Hospital, and the certainty of increased demands on it for accommodations, that led to the erection of the new building, and gave an opportunity to test, what has resulted so satisfactorily, the separation of the sexes.

It was in view of the steadily increasing disposition to crowd an improper number of patients into most hospitals, and a settled conviction on the part of all practical men, of the dangers, discomforts, and losses resulting from it, that led "The Association of Medical Superintendents of American Institutions for the Insane," at its late meeting at Madison, Wisconsin, to adopt, with entire unanimity, the following resolutions, which are commended to the earnest consideration of all in authority:—

Resolved, That this Association regards the custom of admitting a greater number of patients than the buildings can properly accommodate, which is now becoming so common in Hospitals for the Insane in nearly every section of the country, as an evil of great magnitude, productive of extraordinary dangers, and subversive of the good order, perfect discipline, and greatest usefulness of these institutions, and of the best interests of the insane.

Resolved, That this Association having repeatedly affirmed its well-matured convictions of the humanity, expediency, and economy of every State making ample provision for all its insane, regards it as an important means of effecting this object, that these institutions should be kept in the highest state of efficiency, and the difference in condition of patients treated in them,

and those kept in almshouses, jails, or even private houses, be thus most clearly demonstrated.

Resolved, That while fully recognizing the great suffering and serious loss that must result to individuals by their exclusion from hospitals, when laboring under an attack of insanity, this Association fully believes that the greatest good will result to the largest number, and at the earliest day, by the adoption of the course now indicated.

Resolved, That, the boards of management of the different hospitals on this continent, be urged most earnestly, to adopt such measures as will effectually prevent more patients being admitted into their respective institutions than, in the opinion of their superintendents, can be treated with the greatest efficiency, and without impairing the welfare of their fellow-sufferers.

Resolved, That the Secretary be instructed to furnish a copy of these resolutions to the boards of management of the different hospitals for the insane in the United States and the British Provinces.

While it will not be denied that the literal carrying out of these views, as stated in the resolutions, cannot fail to cause suffering to individuals, still the other result is pretty sure to follow, and relief to all the insane yet unprovided for, will come sooner from this course than from any other, while those who are already in hospitals, will be much more comfortably cared for.

It has been shown conclusively that it is the interest of every community, not only as fulfilling the

claims of humanity, but as a matter of simple economy, to make provision, and of the best kind, for all the insane in every State. Wherever it is known that no more patients will be received into a State institution, the constituents of any legislative body will be pretty sure to demand that what has been provided for a part, shall be furnished for all,—for every one must acknowledge that one citizen has just as much right to partake of the bounty of the State as another.

While it is fully conceded that the chronic insane are to be cared for just as much as the recent, still ample provision for the treatment of all cases of insanity, in their early stages, is the only mode by which we can hope to prevent the steady accumulation of chronic cases, so much complained of, as filling up the wards of our hospitals, and becoming a life-long expense to the Commonwealth.

Pennsylvania, the pioneer in this great work, has been gradually extending her accommodations for the insane, but notwithstanding the size of the three State institutions now in operation, a much more extended provision is still needed, to give to all her citizens an equal chance to participate in the provision made by the State.

For just one hundred years from the opening of the Pennsylvania Hospital—the first in America for the care of the insane—it furnished the only hospital provision for the treatment of the indigent of this class in the whole Commonwealth. For these, it has always done what it could, but dependent, as it is, entirely on private benevolence, the amount of assis-

tance it was able to render has been comparatively limited. The opening of the first State Hospital at Harrisburg, in 1851, and subsequently of those at Dixmont and Danville, has given great relief to the most urgent cases of suffering in a considerable portion of the State. The fact, that two of these have long been crowded, and that the last-named, only recently opened, soon will be, calls most urgently on the wisdom as well as the justice and humanity of the Legislature, for a prompt and favorable response to the urgent appeal, just made by the State Medical Society, for the early completion of the original plan of the hospital at Danville, and for the erection of another for the northwestern counties of Pennsylvania.

It has often been said in discussions in regard to making adequate provision for all the insane in the different States, that the people would not sanction so large an expenditure of money for such a purpose; and yet I believe it will be found that there is no instance on record, where the people objected to reasonable appropriations for this object, no matter how large the amount asked for. No expenditure of the public funds can bring more noble returns to the State, and no results from their use can secure so thoroughly, relief to the sufferings of her citizens.

Any other ordinary objects may fairly be asked to wait, so long as the jails, the almshouses, and the private homes of her people have any insane in them, doubly steeped in suffering, as they must be, while they are waiting for the State to provide what is necessary for the relief of those who, in all civilized

countries, have been recognized as her wards. Such works by the State, more than any other, lead the people to feel that government is to them a beneficent institution, and it is around the firesides made happy by this provision of a Christian age, that they learn to speak of those, who have in any way aided in securing to them these privileges, as above all others, worthy of their lasting gratitude.

POPULAR ERRORS—THEIR SOURCE AND THE REMEDY.—The best interests of the insane are so largely dependent upon a sound public sentiment in regard to the disease and its treatment, that so long as popular errors on these subjects exist, it seems a duty on the part of those who are specially interested in the welfare of this unfortunate class, to do what they can to remove these obstacles to progress, and at the risk of ever so much repetition, still continue to bring facts and the results of enlightened experience, to meet and expose all the conclusions that are so often found to come from false theories and unsupported assertions.

Most of those who have charge of institutions for the insane, are too thoroughly occupied with their own regular and important duties, to undertake to reply to all the anonymous charges which, no matter how thoroughly disposed of before, seem to spring up periodically. These are generally found to come from irresponsible sources, to be based on the most unsupported assertions, and to be written, as has been now and then honestly avowed, more from a belief that the public like to hear stories of the kind, than

from any desire to discover and correct abuses. Notwithstanding all this, it may be doubted whether loss may not have arisen, from those who are possessed of such an array of facts as would justify them in speaking authoritatively on the subject, neglecting to give to the public, on suitable occasions, the information that would let all inquirers after truth, at least know that there are two sides to every question, and that most of these grave charges may be met and refuted by facts which no sophistry can controvert.

The frequent repetition of any statement, no matter how extravagant or improbable, is apt to impress certain people, who do not care to trouble themselves with such investigations, with a belief, to a greater or less extent, in their truth. This is well illustrated in what is now and then heard in quarters where no injustice is intended, and without the slightest basis for the assertion, that "sane people are no doubt occasionally restrained of their liberty in hospitals for the insane, and from improper motives on the part of their relatives and friends." The writers of sensational stories are rarely satisfied with the adverb just used, and instead of "occasionally," are apt to say "very often" in this connection, and without giving any facts to justify the assertion. If this were really so, there certainly could be no class of persons better able to discover these cases, none more interested in doing so, and none more likely to desire to correct such a grievous wrong, than the officers of these institutions. It has been with these feelings that the officers of this hospital, for several years past, have carefully investigated all such alleged abuses, and

obtained the most reliable testimony in regard to those cases which have not been under their own immediate observation. The results of this course have been frankly given on previous occasions, and the matter is again referred to, simply to say that a more extended experience has only confirmed the statements heretofore made, and that so far as our Commonwealth is interested, all these impressions about sane people being restrained of their liberty in hospitals for the insane, are absolutely groundless. In regard to this hospital and its more than six thousand patients, I have no hesitation in speaking positively, and careful inquiries from perfectly reliable sources, in reference to the other institutions of Pennsylvania, leave no room to doubt but that the same is true in regard to them.

These remarks have no reference to inebriates sent to hospitals by special orders of the courts, or by their legally appointed guardians, and about whose insanity there may be a difference of opinion, but if the disposition of these cases is wrong, the error is with the courts and the juries and not with the authorities of the hospitals.

The number of patients coming to this hospital voluntarily, and remaining here of their own free will, is increasing every year. As a proper understanding of the nature of insanity and of the principles of treatment becomes more generally diffused, the more intelligent the patient is, the more likely will he be to desire the use of whatever means seem most likely to promote his restoration, or to prevent the full development of the disorder. Some of this

class of patients are so nearly, if not quite, sane, that no one would think of restraining them of their liberty, and no such restraint is imposed.

During convalescence, there is often a critical period, when too early a removal always involves great risk of a relapse, and, possibly, of confirming the disease. It is just here that patients frequently become impatient of restraint, and a resort to writs of *habeas corpus* is one of the means taken to secure a discharge. Sometimes these are obtained, more often, not; but whether obtained or not, they have nothing to do with the original existence of insanity; and, so far as this Institution is concerned, no judge has ever intimated that a patient was sane when admitted, or that he did not then require hospital treatment. It has only been a question as to the expediency of a discharge at that particular time, and the officers of the hospital only ask to be relieved of responsibility as to the result of a course, in their judgment, not deemed prudent. The condition of a patient after months of treatment, can be no indication of his state when first admitted to a hospital.

While on this subject of the admission and detention of patients, it may not be amiss to say that the Law passed by the Legislature of Pennsylvania, in 1869, at the request of the State Medical Society, and mainly based on the suggestions of the Association of Hospital Superintendents, has continued, as far as I can judge, to give general satisfaction.

During the year, only a single case from the hospital has been before a court, under a writ of *habeas corpus*. This lady, when legally admitted,

was understood to come voluntarily, always seemed satisfied, and certainly never asked to leave. From some unknown cause, however, after a few weeks residence here, she applied to a prominent legal gentleman to secure for her the benefits of a writ of *habeas corpus*, which was properly done. Before the time fixed for the return to the writ, however, as sometimes happens, she had changed her mind, and asked to have all proceedings suspended. Only after considerable difficulty on her part, and a personal appearance in court, this was effected. Finding the hospital authorities were rather disposed to have her leave, she then asked, as a favor, to be allowed to remain in the Institution, and did spend several weeks more in her usual apartments.

In connection, also, with this subject—of sane people being restrained of their liberty—it may not be amiss to quote the conclusions of one of the ablest and most distinguished writers on medical jurisprudence, whose opportunities for personal observation and access to all reliable sources of information are unsurpassed, and whose views my own experience fully confirms. After thoroughly discussing this whole matter about the confinement of sane people, the author referred to says: “Of all the bugbears conjured up in these latter times to frighten grown people from the course pointed out by true science and true humanity, it would be hard to find one more destitute of real substance than the alleged practice of confining sane persons in hospitals for the insane. We have yet to learn of the first well-authenticated case in this country; and we have heard the same

thing asserted by others, whose professional duties have enabled them to be well informed on this subject. Although this does not prove the impossibility of such an abuse, it certainly does prove that it must be an exceedingly rare occurrence."

It is always an ungracious task to censure any portion of those who profess to guide public opinion, and from whom all who are laboring for the relief of human suffering, feel that they have a right to expect cordial support. It cannot be denied, however, that no small part of the unsound views in regard to the insane, still prevalent in most communities, is mainly due to publications of different kinds, containing assertions and insinuations, made without inquiry, and to the circulation of statements based on the most doubtful authority. These charges generally come from the most unreliable kind of testimony, that of uncured patients, from attendants discharged for inefficiency or misconduct, or sometimes from those who seem to have a genuine malevolent disposition.

Every one must have observed that those who have a desire to bring odium on institutions for the insane, and on their management, have stereotyped forms for, as they suppose, effecting this object.

In all these newspaper discussions about the admission, detention, and treatment of the insane, it will be found, almost universally, that the verdict is rendered after hearing only one side, and without making any effort to learn whether the statements made by this one side are true or not. It is of this that the officers of hospitals for the insane certainly

have much cause to complain. It is, no doubt, this mode of dealing with questions regarding insanity and the insane, that leads these writers, so often, to criticise the opinions of the judges, whose habit, every where, is at least to hear both sides before rendering a decision.

Next to the assertions about sane people, already referred to, most prominent will be found the disposition to apply offensive epithets to persons and to institutions, to misrepresent the character of both, to assert that they are conducted for private gain, to libel those employed in the care of the patients, to bring up old cases long since disposed of, and to adopt as authority the views of persons without knowledge or experience, in preference to the opinions of those with the most extended opportunities for observation. A brief reference to some of these is all that is admissible on the present occasion.

It may generally be taken as a guide to the animus of a writer to find him persistingly ignoring the proper title of hospitals, and using in reference to them, opprobrious and often senseless epithets, calling their medical officers jailers or keepers, their nurses or attendants anything but what they really are, and in all these denunciations exhibiting a much more intimate familiarity with the nomenclature of prisons and penal institutions, than of those expressly dedicated to the relief of human suffering.

These terms, and the ideas of treatment which are generally found associated with them, come from the records of another country and belong to the beginning of this and the latter part of the last century,

before any attempt had been made to introduce a humane or mild treatment for this class of sufferers. It is obviously from a reference to these publications, and from receiving as facts the statements of writers of fiction, that a large part of such views are adopted.

Another prominent mode resorted to, to excite prejudice against hospitals for the insane, is to speak of them as "private" establishments, meaning, by that term, to insinuate that they belong to individuals or joint-stock companies, and that they are carried on for the pecuniary benefit of those connected with their management, that they "pay large dividends," and have no official supervision. Although these charges are so readily disposed of, they will be found repeated whenever a fresh raid is made upon this class of benevolent institutions. Those who have been in the habit of crediting the assertion that "private asylums are scattered broadcast all over the land," will be surprised to learn that there is only one of this description in Pennsylvania, and so far as I know, not more than five or six in the entire country, all of which, even when full, accommodate little more than a hundred patients. The gentlemen conducting these require no defence from me, and the subject is referred to here, only to show how ridiculous and malicious such a charge really is. With the single exception just noted, the only hospitals for the treatment of the insane, in our own State, are—as in most others—those under the immediate care of the State or of cities, or those incorporated for benevolent objects, which receive nothing from the public treasury, whose income is all used for the benefit of the patients, and which are under the care of

special Boards of Managers.* It is certainly not too much to say that no State or city institution can have a better, more thorough, or more disinterested supervision than these last. The high character of the men who compose their Boards of Managers, their more frequent, intelligent, and systematic inspections, and their devotion to the best interests of the insane, are of such general notoriety, that they furnish the surest guarantee that no wrong would be permitted, even if such a disposition anywhere existed. The charter of our own Pennsylvania Hospital dates back as far as 1751, and as already said, it was the first to make provision for the care and cure of the insane in America, and for just one hundred years, it was the only hospital in the State to which the indigent could resort for relief when suffering from insanity.

Those employed in the care of the insane are human, and like everything else that is so, are liable to err. It is conceded that but a small proportion of those who apply for the situation of attendants are qualified for such duties, and that those who are engaged often show, after trial, that they have defects of character or disposition that render them undesirable in a hospital for the insane. Still there are so many who manifest such a thorough interest in the performance of their duties, labor so unselfishly in their arduous and often thankless work, and exhibit such genuine sympathy and tenderness in their care of the afflicted, that it is a gross libel to speak of them as a class, as unworthy of trust or confidence.

* One of this class has no charter.

In one of my reports, a few years since, I described what was necessary to make a perfect attendant, but as perfection is not found anywhere on earth, all we can do is to aim high enough, and to approach this ideal model as nearly as circumstances will permit. Of one thing there can be no doubt, that hospitals secure the best assistance within their reach, and make changes whenever they believe the interests of the patients are promoted by such a course.

That the attendants employed in hospitals are at least equal to the best that can be engaged in private families, is pretty well attested by the frequency with which they are sought for by those who have the means to obtain whatever is deemed most desirable, and by the high estimation in which their services are often held, after abundant trial. Another evidence of general ability, too, is shown by the more efficient manner in which patients are commonly cared for in institutions, and how much less they are subjected to restraint, than in their own homes.

The disposition to bring up old cases, long since adjudicated in the courts, is also worthy of note. As the persons and circumstances referred to are often known but to a comparatively small number of those who are active in the present day, by a careful statement of the testimony on one side only, there is given an illustration of injustice and wanton cruelty, which is about as different from the conclusions of both legal and medical experts, thoroughly divested of passion and prejudice, as could well be imagined. The verdicts of juries are not invariably exemplifications of the highest form of wisdom, and some

of their decisions in regard to the insane are no exception to the general proposition. To come to an intelligent conclusion in many of these cases, and to judge of the righteousness of verdicts, the whole testimony on which they were based must be given.

The ultimate result of nearly every doubtful case of insanity that has been reported—as demonstrated by the subsequent conduct of the individuals, by the decisions of courts and juries, restraining them of their liberty, and placing them under guardianship, and by the gradual development of organic disease—has confirmed the correctness of the original opinions of the medical experts, and has shown, as might have been anticipated, that careful study and abundant opportunities for observation, form the best basis for securing a sound judgment in regard to insanity, as in reference to any other subject.

Having, thus, once more alluded to some of the popular errors in regard to insanity and the character and objects of institutions for its treatment, as well as the sources of these errors, the most important question is, how this state of things is to be remedied. The public press of this country has done much to ameliorate the condition of the insane, and to portions of it, this Institution has cause to acknowledge special obligations in all the past. It has the power to do more than any other agency to develop a wise and enlightened public sentiment that cannot but result most favorably to the afflicted. This is to be effected by the frequent dissemination of sound views in regard to insanity, and which can only be done by writers who have the knowledge and inclination to

investigate this whole subject, and who would especially avoid everything tending to foster prejudices and lead to unsound conclusions. Hardly less potential is the influence of men of high character whose statements are trusted by the community. All such in their intercourse with their fellow-citizens, can do much to the same end by the habit of correcting error wherever it may be met, and enforcing correct principles on all proper occasions.

So, as physiology has become a part of all liberal school education, it will only be a step farther to add to a knowledge of the human body as it is in health, some intimations, at least, of the changes produced in this most perfect of all machines by the accession of disease. It certainly would not be too much of an advance if students, while learning that the brain is the organ of the mind, should also be taught, that like other organs, it is liable to become diseased, and, like them, when diseased, it has its own trains of symptoms, and requires its own modes of treatment. They should learn that commonly what are called "mental affections" are really functional disorders of the brain, and that if these are properly and promptly treated, they are just about as curable as the functional diseases of other organs. They should be taught that insanity is as much sickness as dyspepsia or typhoid fever, that no one with a brain can claim exemption from any form of this disease, and that, unless we wilfully do something to bring on attacks of it, it is as reasonable to feel that it is a reproach to have the one as any of the others just named. They should be assured that the use-

fulness in society of a person really cured of such an attack, is in no wise diminished, and that once restored, with proper prudence, entire immunity may be anticipated for the future. So they should learn that experience having shown that a large proportion of these cases could not be treated successfully at their own homes led to the provision of institutions specially devoted to their treatment; not only for the restoration of the patients, but also for the relief of their families and the protection of the community. They should be shown that these institutions are simply hospitals, just as much as those for the cure of other sick, that they should be known by no other name, that they are attended by physicians and by nurses just like other hospitals, and that they endeavor to collect on their own premises everything that experience has shown to be useful in the management of this disease.

Ancient prejudices are not easily removed, but the full recognition of these few general principles, in the minds of all who are now attending school, would develop, in the next generation, a popular sentiment that, while destroying no small part of the morbid dread of the disease and of the necessary means of treatment which now exist, would really tend to diminish the number of cases, would effectually prevent honest people being imposed upon by sensational stories, no matter how skilfully concocted, and would confer most important benefits on those who are sufferers.

DEATHS OF MORDECAI L. DAWSON AND JOHN FARNUM.—It would scarcely be possible to give a

statement of the events connected with this Hospital during the past year, without some special reference to the loss which it and all of us have sustained in the deaths of two of its managers, for the longest time members of the Board, and than whom none could, unvaryingly, have manifested a greater interest in whatever tended to promote its prosperity and the welfare and happiness of its patients.

Mordecai L. Dawson entered the Board of Management in 1844, and John Farnum in 1846. The former died near the close of 1872, at the age of seventy-three, having been a manager twenty-eight years, and its presiding officer sixteen years, while the latter, ending his useful career earlier in the same year, had been connected with the management of the Hospital for a period of more than twenty-six years, and was eighty-one years old at the time of his death.

An intimate acquaintance with both, dating back as far as my first professional connection with an institution for the insane in 1833, and a social and official relation of a close and confidential character during the entire period of their association with the Pennsylvania Hospital, have not only given me no ordinary sense of personal loss, but, better than most others, abundant opportunities for a just and full appreciation of how valuable they were to the Institution, and how deeply all of us must feel the absence of their kindly interest and unvarying devotion to whatever seemed likely in anyway to elevate its character and promote its best interests.

Although they differed much in many traits of character, as in their physical organization, they had

so many characteristics in common, that it seems natural to speak of them in the same connection. The one was rather delicate in stature and organization, and very active in all his movements; the other was much more robust, and of a rather remarkable presence, but owing to an accident in early life incapable of very active exercise; the one retired from business thirty years ago; the other continued actively and successfully in it, notwithstanding his advanced age, up to the time of his death; the one was a native of the land of the Pilgrim Fathers, but a resident of Philadelphia since 1835; the other, born in the city of Penn, was a life-long resident of it.

Mordecai L. Dawson and John Farnum were both, by birth, education, and conviction, members of the Society of Friends, and both illustrated most happily in their lives and works, the best developments of character that come from these principles faithfully carried out in all the relations of life. Although thoroughly attached to their own religious views, few men had more liberality for the beliefs of others, and few had a more extended and valued acquaintance among the members of all other denominations, who manifested in many ways, during their lives as at their deaths, their high appreciation of their unswerving integrity, their public spirit, their benevolent labors, and their interest in whatever tended to elevate and benefit their fellow-men.

Deeply interested as both our friends were in every portion of the Pennsylvania Hospital, it may safely be said of them that they were specially so in the Department for the Insane, to which they were fre-

quent and ever welcome visitors, beyond what was called for in the performance of official duty. They realized in an eminent degree that its claims were above all the ordinary calls for sympathy and aid, and saw clearly that while the contributions of those whose means are abundant, might make the sufferers from all common sickness comfortable in their own homes; when insanity in its more grave forms entered a household, then, for most, none of the resources of wealth, nor the devotion of affection, nor the skill of science, could be profitably substituted for hospitals expressly prepared for this class of patients; and these views they rarely failed to impress upon those who had not yet thought seriously on the subject.

At the meeting of the Board of Managers, in the early part of 1854, when the proposition to erect a new hospital, to separate the sexes, and to do this entirely by voluntary subscriptions, first became known to any but its author and a single person beside, both Mordecai L. Dawson and John Farnum were among the six, who, at once, not only gave their hearty approval of the plan, but each of whom also showed his sincerity by making on the spot a first subscription of one thousand dollars in aid of the object, and both of those just named subsequently added liberally to these first contributions. John Farnum did more than this. It was he who authorized the writer to say that \$5000 would be given by an individual, whenever four other sums of a similar amount were subscribed, and this offer undoubtedly did much to secure these subscriptions, the whole of

which in due time were obtained, and with all the conditions complied with, were added to the Building Fund.

Both our departed friends were indefatigable in the work of the Collecting Committee, and it was owing to their earnest appeals that many were, for the first time, made fully acquainted with the truly benevolent and Christian character of the Institution, and given the privilege of enjoying the satisfaction of becoming among the most liberal contributors to its means of usefulness. Both had the gratification to see the hospital completed, the original plan fully carried out, without one cent of debt, the whole amount required (\$355,000) being secured from private contributions. Both, in their latest days showed the same generous remembrance of the Pennsylvania Hospital, and both, in the testamentary distribution of their property, executed only a short time before their deaths, made very liberal recognition of its value and their lasting desires to increase its means of usefulness.

Our friends were both engaged in many institutions of charity and benevolence besides the Pennsylvania Hospital, and wherever they were, they were among the most active and useful.

Liberal givers, they were constantly applied to for assistance, by persons in very varying positions of life, and although their desire to aid the unfortunate may occasionally have caused them to be imposed upon, they never thought it too much trouble to investigate the case of any one who appeared to be deserving, and none could have had greater satisfac-

tion in relieving the wants of those that seemed worthy. Much as they gave publicly, a very large part of their benefactions were made so privately that they were known to few but the recipients of them.

While we must devoutly wish that in all the future of the Pennsylvania Hospital, its Board of Managers may ever be composed of men as high in truly Christian character, as unselfishly devoted to its best interests, as liberal in their views, as generous in action, as prompt and faithful in the performance of every duty, as reliable as friends and counsellors, and possessed as fully of the public confidence, it is also to be most fervently hoped that in no one year will the hospital and all connected with it have cause to mourn, as we do, the loss of two such men as John Farnum and Mordecai L. Dawson.

IN MEMORIAM.—Before concluding this report, I trust I shall be pardoned for adding a few paragraphs in regard to other events of a sad character, which have come upon us during the year just closed.

To those who are familiar with the internal working of this hospital, it is not necessary to mention names to remind them of the taking away from amongst us, by the hand of death, of two friends who had, during several years past, endeared themselves to all who had the privilege of their acquaintance, or an opportunity of witnessing or knowing of their deep interest in the Institution and its inmates, of their frequent and ever welcome visits, and of

their constant self-sacrificing and unwearied efforts to do whatever they thought might be, temporarily or permanently, useful to either.

Like the two excellent managers to whom I have just referred, they varied greatly in many personal traits of character, but they were alike most strikingly in many points of their history, their feelings, in their high mental cultivation, in their polished manners, their bright and cheerful dispositions, in their personal regard for each other, their devotion to the sufferers in this Institution, in their own past sorrows, and in their recoveries from serious illness.

Calculated, as they were, eminently, to adorn society and to contribute to the happiness of their own homes, it was among the mysterious dispensations of an all-wise Providence that both were permitted to be taken away in the same year, at somewhat similar periods of life, and just when they had reason to anticipate the brightest joys for the future. The one died after a long period of illness, during which the end was plainly seen to be steadily approaching; the other, as it were, "in the twinkling of an eye," but both, as we trust, fully prepared, long since, to render, when called for, the good account of the deeds done in the body. With one as with the other, up to the last, the interest in this hospital and its inmates remained undiminished, and their last visits from their own homes were to the spot which they loved so well, and which they had so well known in sadder days.

It is no uncommon occurrence for patients of the

highest culture to go out into the world from this household, with their usefulness unabridged, and with a wisdom that can be gained but by a personal realization of the sorrows of life. It is not rare, either, for such to find developed in them a kind of interest in an institution like this, and in its patients, never before known, and an active desire to contribute personally to whatever is likely to be of service to either. With our two friends, however, it was something more than what is usual. Their sympathy for the afflicted was of a kind that none but those who have themselves suffered can really feel. Their visits, as has been already said, were frequent and ever welcome—with which no ordinary cause was allowed to interfere—and their time was spent just where it was most needed. There could scarcely have been more perfect unselfishness, in all they did, and they never confined their efforts to those who were bright and cultivated, or capable of giving as much as they received. None were too low or too sick to claim their sympathetic interest and their kindest attention.

It was not alone by what they themselves did, that their usefulness was manifested. Untiring in their own work, they let no proper opportunity pass for securing the aid of others, whose means or whose talents made them particularly calculated to be enlisted in such a cause.

Beyond all this, there was in their lives a lesson that could not be ignored. To all with whom they associated they showed practically what many of us proclaim only from observation. No one who knew

them, could doubt but that functional disorder of the brain belonged to the same category as those of other organs, and that a recovery from the first left the organization just as perfect as in the case of any of the others. They showed too the value of institutions for the treatment of this class of maladies, and their feelings and their testimony in regard to them were the best, as they were the truest answers to all the inventions of ignorance, disease, or malice. Their knowledge and their views came from a personal experience of the most thorough kind, and their intelligence made their observations particularly valuable. A notice like this can do but slight justice to our departed friends, but their memories will ever be tenderly cherished,—the most by those who knew them best,—and nowhere more sincerely than by those who had their acquaintance and their confidence in connection with this Institution.

CONCLUSION.—The thirty-second year of the Pennsylvania Hospital for the Insane, as a distinct branch of the parent institution, ends with a larger number of patients and more perfect means for their comfort and treatment than ever before possessed by it. The general results of the year, as you have already learned, have, in most respects, been eminently satisfactory, and our anticipations for progress in the future, in all that really elevates the character of the Institution and ameliorates the condition of the insane, were never stronger.

For all these, and for numberless other mercies and blessings which have been vouchsafed to us,

we can but feel devout gratitude to the Bountiful Giver of all good, and with sincere aspirations for the same protecting care in the future, I once again, as so often before, commend this hospital and all its varied interests to your liberal and enlightened oversight, and bespeak for it the generous sympathies and substantial support of all who feel for the sufferings of their fellow-men.

THOMAS S. KIRKBRIDE.


Pennsylvania Hospital for the Insane, }
1st mo. 1st, 1873. }

A P P E N D I X .

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

 Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, for indigent recent and supposed curable cases, only; and, judging from past experience, when thus used, will be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

a certificate of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of _____ made within one week of the date of this certificate, we find _____ to be insane, and a proper subject for hospital treatment.

_____, 1873. _____ M.D.

_____, 1873. _____ M.D.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and _____ to before me, this _____ of _____ 1873, that the signatures thereto are genuine, and that the signers are physicians of respectability.

_____ [L. S.]

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ 1873. _____

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of ——— being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.†

Witness our hands the ——— day of ———, 1873.

————— [L. S.]

————— [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What have been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?

10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

THE PENNSYLVANIA HOSPITAL FOR THE INSANE,
AT PHILADELPHIA.

To answer inquiries that are constantly being made, and to remove erroneous impressions occasionally entertained, not only in regard to the character, but also the objects, of the Pennsylvania Hospital for the Insane, the following sketch of its history, etc., is republished.

HISTORY.—Established by benevolent private citizens of this commonwealth, in 1751, the Pennsylvania Hospital was chartered by the Provincial Assembly of that year, as “the Contributors to the Pennsylvania Hospital,” and from the first had two departments, its objects being declared to be “the relief of the sick poor and the reception and cure of the insane;” this being the first regular hospital provision for the insane in America. This declaration of its objects manifested a remarkable degree of good sense, for while the ordinary sick poor were to be admitted, it was fairly implied that the insane, no matter what their social position or pecuniary means, were to be received, and not simply cared for, but “cured.” Such a recognition of insanity as a curable disease, at that early day, was much more in advance of the general public sentiment than can now be well imagined.

The first patient was admitted on the 11th of February, 1752, and the second, third, fourth, and sixth patients received were insane, two paying their ex-

penses, and two being treated without charge of any kind.

The hospital, at first, was kept in a private house on the south side of Market Street above Fifth Street, formerly the residence of Judge Kinsey, and for which a yearly rent of forty pounds was paid. The eastern wing of the Pennsylvania Hospital, at Eighth and Pine Streets, was finished and opened in 1756, and in the basement of this wing the insane were taken care of till 1796, when, on the completion of the west wing, they were removed to it, and continued to occupy that portion of the hospital, till they were transferred to the new building—now “the Department for Females”—on the west side of the River Schuylkill, and which, under the title of “The Pennsylvania Hospital for the Insane,” was opened on the 1st day of 1841. This building accommodated all the insane under the care of the Institution, till its crowded state led to the erection of an entirely new structure on the same grounds, and to the subsequent separation of the sexes. So that since the opening of this last building, now “the Department for Males,” in 1859, the Pennsylvania Hospital for the Insane has consisted of two distinct departments, that for males, capable of accommodating 250 patients, and that for females,—since the erection of the Fisher Ward,—capable of accommodating 220 patients, both being on the same tract of 113 acres of land, lying between Market and Haverford Streets, and Forty-second and Forty-ninth Streets, in the city of Philadelphia. The buildings are about one-third of a mile apart, have

91 acres devoted to gardens and pleasure grounds, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted of every class, profession, or creed, without regard to residence, and, as far as it is able, dispenses its benefits to those from our own State, not blest with this world's goods, as freely as to those who seem to have nothing to ask for but health.

RESULTS.—While the original structure at Eighth and Pine Streets was used,—a period of ninety years,—4366 insane patients were treated there, and of these 1493 were cured, 913 discharged improved, 995 removed without improvement, 610 died, 246 eloped,*mostly before the square was permanently inclosed, 97 were transferred to the new Institution, and 12 were retained in town.

The Pennsylvania Hospital for the Insane began in 1841, with 97 patients, received from the old hospital, and with accommodations for 140. It can now receive 470 patients. Since its opening it has received 6390 patients, and of these 2994 have been restored to their friends, cured; 1494 have been discharged in various stages of improvement; 742 left without improvement; and 765 died; while at this date 395 remain under treatment, with sixteen distinct classes or wards for each sex. Of these patients, 1391 were received without charge, and about as many more paid less than the cost of their support.

While the insane were in the old hospital, the receipts from their care so much exceeded the cost, that fully \$100,000 were added to the capital stock from this source.

HOW ACCOMPLISHED.—All the land was obtained for the sum of \$30,000, and that and the original buildings at the Department for Females were provided at a cost of about \$325,000, these funds being obtained from the sale of a portion of the vacant lots surrounding the parent hospital in the city, and which lots originally cost but \$10,000. The Department for Males was provided at a cost of \$355,000, made up entirely from the contributions of benevolent individuals, nearly all of whom were residents of Philadelphia. The Fisher Ward was built and furnished complete, from a special legacy of the late Joseph Fisher, of Philadelphia. This land, on which is the Pennsylvania Hospital for the Insane, will always be much more valuable to Philadelphia, for the purposes for which it is now used, and as a reservoir of fresh air for the neighborhood, than it could possibly be if covered with buildings of any description.

Whatever the Institution has received for board and medical attendance has been expended in the care and for the benefit of the patients. Beyond its receipts from this source, it has expended on free patients and those unable to pay the entire cost of their support, in thirty-two years, \$159,996 36,* de-

* During the same period, the Hospital at Eighth and Pine has expended on indigent patients, from the same source, more than \$750,000.

rived from the treasury of the corporation, or an average of \$4999 88 per annum, being, however, considerably less than the interest yielded by what the care of the insane had, previously to 1841, added to the capital stock of the corporation. The total amount expended on this class, in these thirty-two years, was \$344,553 77, or \$10,767 30 per annum.

No one connected with the Institution has any pecuniary interest in its income or in the receipts from the board of its patients.

It has never yet failed to have a weekly visit of inspection from a committee of its Board of Managers,—each serving two months at a time,—and these visits, with the regular service of its physicians and other officers, with supervisors, companions, and attendants living in the wards, constitute the system of personal superintendence for securing the greatest comfort and the best care of the patients.

It will thus be seen that all this provision for “the care and cure of the insane,” the relief of private families, and the protection of the community, and all these results, have been secured to our city and State, without any resort to the treasury of either. No one has been taxed to aid in this great work. What has been received has been given voluntarily. As insanity is a disease from which no one can claim exemption, as it differs from other maladies in requiring hospitals specially prepared for its treatment, and for which, in most cases, no amount of pecuniary aid can be a substitute, it is felt that this Institution is safe in relying, as it always has done, on the benevolence and liberality of private citizens, and

the intelligent appreciation of the community in the midst of which it does its work, for whose benefit it has ever been conducted, and who are specially fortunate in having it just where it is,—easy of access, with unusual facilities for management and for carrying out the great objects for which it was established.

ITS NEEDS.—The claimants for admission on the part of those unable to pay the full cost of their support, are constantly increasing, and are far beyond the resources of the Institution. Many of them are cases of the greatest interest and curable. It is to meet these applications, and to provide everything that will promote additional comforts, greater happiness, and give better chances of restoration for all its patients, that the Institution needs large additions to its resources, and especially a great increase of the permanent fund which has been liberally started by a few benevolent individuals.

Where free beds are established, they are for indigent recent and supposed curable cases, only; and, judging by past experience, when thus used, every such bed may be expected to be the means of restoring to reason and to society, from one to two patients in every year the Hospital shall exist.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1873.

BY THOMAS S. KIRKBRIDE, M.D.,

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA:

1874.

OFFICERS OF THE INSTITUTION.

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PHYSICIAN IN CHIEF AND SUPERINTENDENT.

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Department for Males.

ASSISTANT PHYSICIAN.

S. PRESTON JONES, M.D.

2D ASSISTANT PHYSICIAN.

WM. H. BARTLES, M.D.

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HANNAH P. SAGER.

Department for Females.

ASSISTANT PHYSICIAN.

WILLIAM P. MOON, M.D.

STEWARD.

JOSEPH JONES.

MATRON.

ANNE JONES.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages for any of the officers or patients may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia; but letters come more promptly through the Post-Office.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

In obedience to the requisitions of the By-Laws of the PENNSYLVANIA HOSPITAL FOR THE INSANE, the undersigned presents to its Board of Managers his thirty-third Annual Report.

At the date of the last report, there were 395 patients in the Institution; since which 261 have been admitted, and 240 have been discharged or have died, leaving 416 at the close of the year.

The total number of patients in the hospital during the year was 656. The highest number at any one time was 424; the lowest was 381; and the average number under treatment during the whole period was 404; 202 males, and 202 females.

The number of males in the hospital during the year was 342, and the number of females was 314. The highest number of males at any one time was 210, and the highest number of females 214. At the beginning of the year there were 206 males, and 189 females. At this date there are 210 males, and 206 females. The number of males admitted during the year was 136, and the number of females 125.

Of the patients discharged during the year 1873, were

	Males.	Females.	Total.
Cured	53	58	111
Much Improved . .	10	11	21
Improved	21	12	33
Stationary	27	8	35
Died	21	19	40

Of the patients discharged "cured," fifty were residents of the hospital not exceeding three months; thirty-two, between three and six months; twenty, between six months and one year; and nine, for more than one year.

Of those discharged "much improved," seven were under treatment less than three months; seven, between three and six months; three, between six months and one year; and four, for more than one year.

Of the "improved," twelve were under care less than three months; nine, between three and six months; three, between six months and one year; and nine, for more than one year.

Of those discharged and reported "stationary," twelve were under care less than three months; six, between three and six months; seven, between six months and one year; and ten, for more than one year.

Twenty-one males and nineteen females have died during the year. Of these deaths, nine resulted from acute mania; three, from general paralysis; three, from the gradual exhaustion of chronic mania; seven, from acute melancholia, connected with an obstinate refusal of food; seven, from pulmonary consumption;

one, from typhoid fever; two, from epilepsy; two, from apoplexy; one, from old age; one, from disease of the liver; one, from suicide; one, from erysipelas; one, from chronic diarrhœa; and one from dropsy.

Of the patients who died, twenty were admitted for mania; ten, for melancholia; two, for monomania; and eight, for dementia.

Of those who died, six were in the house less than one week; ten, less than one month; three, were less than three months; four, between three and six months; five, between six months and one year; and twelve for more than one year. Of these last, one had been in the hospital eight years; another, more than nine; one ten, one thirteen, one fifteen, two more than sixteen, and one more than forty-seven years.

STATISTICAL TABLES.—The statistical tables given in these reports, always refer to the whole number of patients received or discharged since the opening of the Institution in its present location, on the first day of 1841, and now, of course, embrace a period of thirty-three years, and an observation of 6651 patients.

The value of all such tables of course depends upon the accuracy and care with which observations are made, the number of patients under treatment, and the length of time devoted to such investigations. Their preparation requires labor, not always of the most interesting kind, but it is hardly possible that where pains are taken in the work, as many as six thousand cases can have been noted without some results that ought certainly to be useful. There is

of course the same difficulty here as everywhere, in arriving at entire accuracy in all the tables. In that of causes, for example, unless great caution is observed and often a rigid cross-examination made, there is danger of being led into error by the statements of friends; but so many of the tables are matters of fact, that there can be no dispute regarding them, and even where they are nothing more than opinions, there is no reason why these are not just as reliable in regard to insanity as on any other subject.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

		Males.	Females.	Total.
Admissions	. . . . .	3539	3112	6651
Discharges	. . . . .	3329	2906	6235
Remain	. . . . .	210	206	416

TABLE II.—*Showing the ages of 6651 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	262	198	460
Between 10 and 15	10	17	27	“ 55 and 60	163	127	290
“ 15 and 20	182	178	360	“ 60 and 65	127	105	232
“ 20 and 25	511	431	942	“ 65 and 70	57	75	132
“ 25 and 30	510	489	999	“ 70 and 75	54	50	104
“ 30 and 35	468	421	889	“ 75 and 80	23	16	39
“ 35 and 40	482	385	867	“ 80 and 85	4	9	13
“ 40 and 45	358	354	712	“ 85 and 90	1	—	1
“ 45 and 50	325	253	578	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 3539 male patients.*

Farmers	418	Artists	23
Merchants	341	Hairdressers	2
Clerks	342	Police Officers	10
Physicians	79	Machinists	72
Lawyers	76	Plane-maker	1
Clergymen	40	Iron-masters	2
Masons	27	Weavers	34
Umbrella-makers	6	Bricklayers	13
Printers	35	Brick-makers	5
Teachers	47	Sail-makers	6
Officers of the Army	10	Coopers	4
“ “ Navy	16	Jewellers	18
Students	70	Potters	2
“ of Medicine	16	Chair and Cabinet makers	37
“ of Law	9	Blacksmiths	43
“ of Divinity	10	Watchmakers	10
Saddlers	15	Hotel Keepers	43
Peddlers	17	Second-hand dealers	4
Tobacconists	27	Cap Manufacturer	1
Carpenters	119	Locksmiths	3
Bakers	18	Millers	16
Seamen and Watermen	62	Glassblowers	3
Planters	30	Wheelwrights	8
Manufacturers	73	Gardeners	19
Coachmen	7	Chemists	5
Druggists	33	Print Cutters	2
Laborers	263	Curriers	2
Engineers	21	Tailors	47
Plasterers	18	Shoemakers	97
Bank Officer	1	Brokers	11
Conveyancers	8	Waiter	1
Bookbinders	13	Stove-makers	3
Hatters	9	Dentists	3
Rope-makers	3	Victuallers	17
Tinmen	21	Soldiers U. S. A.	19
Painters	32	Brewers	3
Brush-makers	2	Coach-trimmers	2
Paper-hangers	2	Auctioneers	2
Boat-builder	1	Plumbers	5
Carvers	2	Type Founders	3
Confectioners	13	Telegraph Operators	4
Coach-makers	8	Whip-maker	1
Public Officers	6	Silversmiths	3
Shipwrights	2	Photographer	1
Collector	1	Wire-worker	1
Nurses	2	Upholsterers	4
Soap-maker	1	Drovers	5
Contractors	5	Brass Founder	1
Authors	4	Pattern-maker	1
Editors	4	Comb-maker	1
Railroad Conductor	1	Grocers	4
Apprentices	3	Cigar-maker	1
Musicians	4	Glove-maker	1
Coppersmith	1	Errand boys	2
Tanners	6	No occupation	508

TABLE IV.—*Showing the occupation of 3112 female patients.*

Seamstresses or Mantua-makers	291	Daughter of Hatter	1
Storekeepers	26	“ Publisher	1
Attendants in stores	22	Of the <i>Married</i> similarly situated, were—	
Cigar-makers	3	Wives of Clerks	83
Teachers	86	“ Teachers	19
Domestics	294	“ Farmers	236
Nurses	26	“ Brass Founders	4
Artists	5	“ Gardeners	6
Factory Girls	12	“ Saddlers	5
Physician	1	“ Printers	7
Sister of Charity	1	“ Machinists	36
Clerks	5	“ Masons	5
Actress	1	“ Painters	3
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Stage Owners	2
Daughters of Farmers	145	“ Cutler	1
“ Merchants	180	“ Bank Officers	11
“ Masons	4	“ Innkeepers	35
“ Bank Officers	7	“ Bookbinders	3
“ Weavers	19	“ Timmen	3
“ Laborers	25	“ Editors	6
“ Sea Captains	5	“ Plasterers	4
“ Auctioneer	1	“ Engineers	16
“ Innkeepers	9	“ Artists	11
“ Teachers	13	“ Bricklayers	2
“ Carpenters	14	“ Paper-makers	2
“ Paper-makers	2	“ Collectors	5
“ Physicians	14	“ Brick-makers	6
“ Planters	33	“ Seamen	13
“ Watchmaker	1	“ Merchants	206
“ Curriers	3	“ Physicians	19
“ Clerks	33	“ Lawyers & Judges	45
“ Engineers	2	“ Shoemakers	39
“ Clergymen	24	“ Hatters	6
“ Miller	1	“ Cabinet-makers	20
“ Public Officers	22	“ Laborers	181
“ Officers of Army	2	“ Grocers	7
“ “ Navy	1	“ Clergymen	29
“ Lawyers	28	“ Tobacconists	8
“ Machinists	7	“ Weavers	15
“ Bricklayers	2	“ Sea Captains	4
“ Chair-makers	2	“ Victuallers	10
“ Manufacturers	13	“ Brush-makers	2
“ Tailors	8	“ Tailors	23
“ Waterman	1	“ Millers	9
“ Bakers	4	“ Police Officers	10
“ Printers	6	“ Carpenters	43
“ Shoemakers	4	“ Druggists	15
“ Druggists	3	“ Planters	13
“ Artists	3	“ Peddlers	7
“ Brick-maker	1	“ Manufacturers	57
“ Blacksmiths	2	“ Broker	1
“ Musician	1	“ Tanners	12
“ Dentists	4	“ Officers of Army	9
“ Victualler	1	“ “ Navy	2
“ Saddler	1	“ Plumbers	3
“ Coach-makers	4	“ Blacksmiths	9
“ Contractor	1	“ Bakers	4
		“ Waiter	1

TABLE IV.—*Continued.*

<i>Wives</i> of Confectioners . . .	3	<i>Widows</i> of Lawyers . . .	5
“ Hairdressers . . .	2	“ Carpenters . . .	7
“ Contractors . . .	5	“ Clerks . . .	14
“ R. R. Conductors . . .	2	“ Tanners . . .	2
“ Dentists . . .	4	“ Teachers . . .	2
“ Watchmakers . . .	4	“ Planters . . .	6
“ Public Officers . . .	5	“ Bricklayers . . .	2
“ Brewers . . .	2	“ Painters . . .	2
“ Optician . . .	1	“ Seamen . . .	7
“ Iron-master . . .	1	“ Engravers . . .	2
Of the <i>Widows</i> similarly situated, were—		“ Engineers . . .	5
<i>Widows</i> of Merchants . . .	59	“ Machinists . . .	6
“ Physicians . . .	15	“ Masons . . .	2
“ Public Officers . . .	11	“ Printer . . .	1
“ Sea Captains . . .	7	“ Blacksmiths . . .	2
“ Hotel Keepers . . .	6	“ Bakers . . .	2
“ Shoemakers . . .	23	“ Druggists . . .	2
“ Clergymen . . .	5	“ Musician . . .	1
“ Farmers . . .	61	“ Interpreter . . .	1
“ Coopers . . .	3	“ Tailor . . .	1
“ Laborers . . .	39	“ Dentist . . .	1
“ Manufacturers . . .	15	“ Tinman . . .	1
		“ Confectioner . . .	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 6651 patients.*

	Males.	Females.	Total.
Single	1749	1295	3044
Married	1614	1429	3043
Widows	—	388	388
Widowers	176	—	176

TABLE VI.—*Showing the nativity of 6651 patients.*

Natives of Pennsylvania .	3570	Natives of France .	25
“ New Jersey .	319	“ England .	275
“ Delaware .	153	“ Scotland .	40
“ Maryland .	193	“ Ireland .	830
“ Virginia .	86	“ Germany .	363
“ North Carolina .	59	“ Poland .	8
“ South Carolina .	52	“ Prussia .	14
“ Georgia .	27	“ Switzerland .	6
“ Alabama .	16	“ Bermuda, W. I. .	2
“ Tennessee .	22	“ Jamaica, “ .	2
“ Indiana .	8	“ St. Domingo, “ .	4
“ Kentucky .	31	“ Barbadoes, “ .	4
“ D. of Columbia .	17	“ Cuba, “ .	10
“ Maine .	18	“ Guadaloupe, “ .	1
“ Massachusetts .	74	“ Martinique, “ .	1
“ Connecticut .	41	“ St. Croix, “ .	1
“ Missouri .	14	“ St. Thomas .	2
“ Ohio .	37	“ Isle of Madeira .	1
“ New Hampshire .	9	“ Isle of Man .	1
“ Louisiana .	24	“ Spain .	2
“ Rhode Island .	11	“ Italy .	3
“ New York .	205	“ Denmark .	3
“ Mississippi .	10	“ Holland .	4
“ Vermont .	5	“ Russia .	1
“ West Virginia .	4	“ Austria .	4
“ Michigan .	2	“ Bavaria .	3
“ Iowa .	1	“ Venezuela, S. A. .	1
“ Texas .	3	“ Norway .	1
“ Illinois .	5	“ Japan .	1
“ Florida .	1	“ Costa Rica .	1
“ Sicily .	1	“ St. Kitts .	1
“ Nova Scotia .	2	Born at Sea .	1
“ Canada .	15		

TABLE VII.—*Showing the residence of 6651 patients.*

Residents of Pennsylvania .	5458	Residents of Connecticut .	12
“ New Jersey .	232	“ Maine .	3
“ Delaware .	128	“ Rhode Island .	6
“ Maryland .	148	“ New York .	149
“ Virginia .	62	“ Florida .	2
“ West Virginia .	7	“ Wisconsin .	1
“ D. of Columbia .	28	“ California .	4
“ North Carolina .	54	“ Oregon .	1
“ South Carolina .	34	“ Minnesota .	2
“ Georgia .	29	“ Kansas .	2
“ Alabama .	21	“ Montana .	1
“ Louisiana .	41	“ Colorado .	1
“ Tennessee .	16	“ Jamaica, W. I. .	1
“ Kentucky .	22	“ Barbadoes, “ .	4
“ Arkansas .	4	“ Cuba, “ .	10
“ Mississippi .	13	“ St. Croix, “ .	1
“ Vermont .	3	“ St. Thomas, “ .	3
“ Texas .	10	“ Isl. of Madeira .	1
“ Illinois .	16	“ Germany .	3
“ Michigan .	5	“ Venezuela, S. A. .	2
“ Ohio .	43	“ England .	2
“ Indiana .	13	“ Norway .	1
“ Missouri .	20	“ Costa Rica .	1
“ Massachusetts .	18	“ Mexico .	1
“ New Hampshire .	1	“ Canada .	3
“ Iowa .	7	“ Japan .	1

TABLE VIII.—*Showing the supposed causes of insanity in 6651 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	653	537	1190	Mortified pride	2	1	3
Intemperance	531	50	581	Celibacy	1	—	1
Loss of property	166	43	209	Anxiety for wealth	3	—	3
Dread of poverty	3	2	5	Use of opium	10	15	25
Disappointed affections	31	52	83	Use of tobacco	13	2	15
Intense study	39	12	51	Lead-poisoning	1	—	1
Domestic difficulties	45	84	129	Use of quack medicines	2	2	4
Fright	16	33	49	Puerperal state	—	259	259
Grief, loss of friends, &c.	75	250	325	Lactation too long continued	—	12	12
Intense application to business	43	10	53	Uncontrolled passion	5	7	12
Religious excitement	78	122	200	Tight lacing	—	1	1
Political excitement	14	—	14	Injuries of the head	83	6	89
Metaphysical speculations	1	—	1	Masturbation	86	1	87
Want of exercise	6	2	8	Mental anxiety	157	255	412
Engagement in duel	1	—	1	Exposure to cold	5	1	6
Disappointed expectations	8	17	25	Exposure to direct rays of the sun	63	2	65
Nostalgia	—	7	7	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	6	—	6
Want of employment	42	2	44	Old age	—	2	2
				Unascertained	1347	1322	2669

TABLE IX.—*Showing the ages at which insanity first appeared in 6651 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	13	4	17	Between 45 and 50	256	208	464
Between 10 and 15	57	62	119	“ 50 and 55	178	154	332
“ 15 and 20	336	309	645	“ 55 and 60	122	111	233
“ 20 and 25	622	560	1182	“ 60 and 65	88	67	155
“ 25 and 30	608	548	1156	“ 65 and 70	36	21	57
“ 30 and 35	428	421	849	“ 70 and 75	20	15	35
“ 35 and 40	436	322	758	“ 75 and 80	12	7	19
“ 40 and 45	325	296	621	“ 80 and 85	2	7	9

TABLE X.—*Showing the forms of disease for which 6651 patients were admitted.*

	Males.	Females.	Total.
Mania	1560	1489	3049
Melancholia	799	989	1788
Monomania	528	382	910
Dementia	638	247	885
Delirium	14	5	19

TABLE XI.—*Showing the duration of the disease at the time of admission in 6651 patients.*

	Males.	Females.	Total.
Not exceeding 3 months	1666	1735	3401
Between 3 and 6 months	274	230	504
“ 6 months and one year	436	342	778
“ 1 and 2 years	455	307	762
“ 2 and 3 “	229	140	369
“ 3 and 4 “	122	84	206
“ 4 and 5 “	83	55	138
“ 5 and 10 “	139	114	253
“ 10 and 15 “	58	47	105
“ 15 and 20 “	26	27	53
“ 20 and 25 “	25	14	39
“ 25 and 30 “	12	10	22
“ 30 and 35 “	6	4	10
“ 35 and 40 “	4	—	4
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 6651 cases.*

	M.	F.	T.		M.	F.	T.
First attack	2589	2191	4780	In the <i>periodical</i> cases,			
Second “	535	549	1084	10th 6 m. 6 f., 11th 3 m. 4 f. .	9	10	19
Third “	169	189	358	12th 3 m. 3 f., 13th 1 m. 2 f. .	4	5	9
Fourth “	88	76	164	14th 1 m. 3 f., 15th 1 m. 1 f. .	2	4	6
Fifth “	46	43	89	16th 1 m., 17th 2 m. .	3	—	3
Sixth “	55	13	68	18th 4 m., 19th 2 m. .	6	—	6
Seventh “	16	6	22	20th and 21st each 1 m. and 1 f. .	2	2	4
Eighth “	9	8	17	22d 1 m., and to 26th each 1 f. .	1	5	6
Ninth “	5	4	9	27th 2 f., 29th 1 f. .	—	3	3
				30th, 31st, 32d, 33d, each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of 6235 patients, who have been discharged or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured . . .	1575	1530	3105	1752	851	418	82	2
Much improved	205	313	518	220	192	77	29	—
Improved . .	563	467	1030	368	298	177	187	—
Stationary . .	524	253	777	247	176	110	243	1
Died . . .	462	343	805	352	166	38	233	16

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions	Discharges.	Cures.	Deaths.
1st month	527	522	222	76
2d "	492	367	186	53
3d "	568	476	240	63
4th "	655	479	228	76
5th "	663	566	277	75
6th "	648	539	265	50
7th "	554	585	292	76
8th "	530	561	280	84
9th "	515	554	290	73
10th "	527	546	288	61
11th "	488	522	260	55
12th "	484	518	277	63

EVENING ENTERTAINMENTS, OCCUPATION, AND AMUSEMENTS OF THE PATIENTS.—Every year adds to my convictions of the great importance of a systematic course of evening entertainments, and all additional experience only shows how easy it is to carry out such a course for every evening, during a great part of the year, when there is a proper appreciation of its value, and a determination that nothing shall interfere with the prescribed plan, any more than any ordinary occurrence would be permitted to interrupt the regular distribution of meals, or some other portion of the domestic economy of the hospital. For five years there has not been a single evening of any week, during fully nine months of each year, when there has not been some entertainment or exercise at the Department for Females, in which a large portion of the patients could participate, and this system has been carried out to almost the same extent at the Department for Males. The course occupying all these evenings, as heretofore,

has, this year, consisted of two, in every week, devoted to light gymnastics, now continued regularly for six years, and during the last five, under the care of the same efficient teacher; on three, there have been lectures on a great variety of subjects, highly interesting readings, exhibitions of dissolving views, or concerts of vocal or instrumental music, while one evening has been devoted to officers' and patients' tea-parties, attended by at least thirty patients, and which have been continued all the year, and participated in by all the wards in rotation with most satisfactory results.

On the evening of the first day of the week there have been, as usual, reading of the Bible by one of the officers, the Lord's Prayer and singing of hymns by the audience. The attendance at these readings is quite as large as at any of the amusements, and they satisfy a large majority of all the patients, who generally represent nearly every religious sect. In the morning and afternoon those patients, for whom it is deemed advisable, are permitted to attend their own places of worship, if there are such in the vicinity, either alone or in company with an attendant.

After more than thirty years' experience, and a careful observation of other forms of religious exercises in hospitals for the insane, not a doubt is entertained of this being the very best for this institution.

Valuable additions have been made to the ward libraries, to the periodical reading, to our stock of photographic and other pictures, and much has been done in various other ways to increase the variety of our means of occupation and amusement for the

patients. The fancy sawing in wood by the ladies, introduced last year, has been very successful, and arrangements are now being made for a great extension of it. To this will be added some other forms of mechanical employment, which, it is believed, will be much more valuable than what is often the common occupation for females in the wards. The fancy wood sawing, making of picture-frames, and printing have, during the past year, been introduced at the Department for Males.

During the day, exercise in the open air, especially that of walking, is still the most valuable, as it is the most available, for nearly all the patients. Nothing is more efficient for calming nervous excitement; and the quiet and good order of the wards are often very intimately connected with the thorough manner in which instructions, in this regard, are carried out. Croquet for both sexes, and various other active outdoor games for the men, interest many and tempt a large number to spend hours in the open air, who, without them, would scarcely go out at all. The very extensive dry walks, and good carriage-roads, within the inclosures, at each department, give great facilities for walking for nearly all—for riding, to those not well enough to walk, who are thus enabled to enjoy this variety of passive exercise, and the very close proximity of our city's grand Park, gives opportunities that cannot be surpassed for driving outside at all seasons, and for walking, at most.

IMPROVEMENTS.—The principal improvement of the year has been the completion of the North Fisher

Ward, to which reference was made in my last report, and a detailed description of which will be given in a subsequent part of this. Besides this building, a handsome Doric Summer House has been placed on the mound made for that purpose many years ago, in what was then known as the Deer Park, at the Department for Females, and the cost of which, to a considerable extent, has been defrayed from funds contributed by liberal friends of the Hospital.

In addition to what has been mentioned, much work has been done at both departments, adding to the convenience of their arrangements, and tending to secure as perfect a condition of every part of the Hospital as was possible. Nothing is better established than the expediency and real economy of keeping everything connected with a Hospital—especially one for the Insane—in perfect order, at all times. Everywhere, a liberal sum should be specially appropriated in each year, for this important purpose. This course would prevent the gradually decaying appearance frequently seen, and all the unfortunate impressions produced both on residents and visitors; and the large occasional expenditures for costly repairs, which rarely fail to excite distrust and remark from those who are ignorant of what has rendered them indispensable, would thus be made unnecessary.

Improvements have also been made in the furnishing of some of the parlors and other rooms in the wards, and, in many cases, the effect has been remarkable. Almost everywhere it will be found that good and handsome furniture, and tasteful surroundings will be more respected and less injured than

what makes no pretensions to either; and patients will resort to rooms that have a cheerful, comfortable appearance, who will steadily avoid those of a different character. In hospitals for the Insane, there are many reasons why, during the day, patients should be induced to use the parlors, or the substitutes for them, instead of remaining in their lodging-rooms, and this is best done by making them pleasant and attractive.

MUNICIPAL IMPROVEMENTS.—The municipal improvements on Haverford Street were entirely completed soon after the date of the last report. Those on Market Street were commenced a short time afterwards, and have been prosecuted at intervals ever since, but thus far not interfering with any of the hospital arrangements, or involving it in any unusual expenditure. The changes proposed on the southern boundary of the Hospital grounds are extensive and costly, but as the citizens of Philadelphia are specially interested in having everything done so as not to lessen the efficiency of this Institution, or to cause any diminution of its resources, it is believed that the whole of the proposed work may be accomplished without any very material interference with either. As all this hospital's resources are devoted to the care of its patients, and especially of the indigent of the city and State, it becomes exceedingly important to all, that nothing of this kind should be permitted to interfere with its legitimate sphere of usefulness.

The amount paid on account of municipal improvements in 1873 was \$1904 82.

ACKNOWLEDGMENTS.—As heretofore, I have the pleasure to acknowledge the liberal remembrance of many of the kind friends of the Institution, who have done so much to promote the comfort and happiness of the patients, and furnished the means of obtaining what could not well be procured from the ordinary resources of the Hospital. To Henry G. Morris we are indebted for a donation of \$500, for a specific purpose; to “a Friend of the Hospital” for \$100, for increasing the ward libraries; to “R.” for \$100, for the amusement fund; to “a Friend” for \$50 for the same purpose; to J. C. for \$50 for the benefit of the patients; to C. C. for \$50 for amusements; to J. P. for \$100 for Christmas refreshments; to John Robbins for \$50; to J. J. for \$25 and a fine kaleidoscope; to H. C. Shurtleff for \$20; to B. H. Bigham for \$15; to Wm. Watson for \$10; to Supplee & Pennypacker for a deduction of \$250 in the amount of their bill for plastering; to John Supplee for a donation of \$50; to Elizabeth Farnum for an excellent oil painting and admirable likeness of our late manager, John Farnum; to Joshua T. Jeanes for a valuable piano for the wards; to “a Friend” for a carriage for the use of the patients; to Edward Darlington for a horse; to “a Friend” for two framed pictures and the use of a horse; to Edward L. Wilson for a large lot of fine photographs; to Claxton, Remsen & Haffelfinger for books; to J. F. Eppelsheimer for leather and leather belting; to Isaac S. Williams & Co. for a deduction from their bill; to Wistar Morris for valuable illustrated papers; to C. P. Dawson for magazines and newspapers; to Wm. P. Tatem, for illustrated news-

papers; to Grant & Ferris, George H. Stuart, Dr. Wylie, William Ray, Miss Wright, and Wanamaker & Brown, for various periodicals; to Sullender & Paschal for a lot of hats; to Sylvester J. Magargee for a barrel of oranges for the patients; to Mrs. Tacey Scott for a barrel of apples for the same purpose; to Dr. Thomas G. Morton for ornaments for the wards; to Dr. Joseph J. Kirkbride for books and periodicals; to B. H. for a wood-sawing machine, confectionery, and glass; to Miss Rising for chromos and other pictures; to James L. Claghorn for engravings; to C. W. A. Trumpler for a large lot of music; to Thomas C. Roche for a lot of photographic pictures; to Wm. J. Mullin for a photographic picture; to Francis Wells for a very extended series of readings; to F. C. Bangs for readings; to Prof. Shoemaker and Mrs. R. H. Shoemaker for readings; to B. F. Duane for two lectures; to Carl Reese and friends for a concert; to the Choir of the Church of the Epiphany for a concert; to Miss Wilhelm and friends for a concert; to a Troupe of Minstrels for a concert; to Mrs. Everest and friends for two concerts; to M. Shank and M. Dunnog for an entertainment; to Dr. B. L. Ray and friends for two concerts; to Mr. and Mrs. Bradley and friends for a concert; to I. Hill Warner for a concert; to S. Roberts for illustrated papers and magazines; to Signor Blitz for an entertainment; to Major Ward for his Punch and Judy exhibition; to Dr. J. Gordon Maxwell for valuable services in reference to the evening entertainments; to the publishers of the

“Philadelphia Evening Bulletin,” of the “New York Evening Mail,” of the “Commercial List,” “Phoenixville Messenger,” and “Sunday Times,” for copies of their papers; and to James W. Queen & Co., and W. Mitchell McAllister, we are again indebted, as we have been for so many years, for their liberal aid in promoting the variety and adding to the interest of our evening entertainments.

Since the last report was made we have lost by death, Joshua P. Edge, after a protracted and painful illness, which he bore with a calmness and resignation that commanded the highest admiration. For more than six years he had filled the post of Steward at the Department for Males, with the greatest fidelity and conscientiousness, and his resignation, when he was no longer able to attend to business, was received with deep regret. His place has been supplied by the appointment of George Jones, who entered upon his duties in the 1st month last.

Dr. S. Preston Jones continues in the immediate charge of the Department for Males, as he has been since its opening in 1859, and in the performance of his very important duties during the year just closed, he has had the assistance of Dr. William H. Bartles as Assistant Physician. Hannah P. Sager remains as Housekeeper. At the Department for Females, Dr. William P. Moon continues to fill the position of Assistant Physician, Joseph Jones is Steward, and Anne Jones, Matron.

To all these and to all others connected with the care of the patients, or who have contributed in any way to their welfare, I am glad to be able to express

my obligations for everything they have done to add to the comfort and happiness of the inmates of the Hospital, and for every faithful and unselfish performance of duty in any position.

RECEIPTS AND EXPENDITURES.—The following abstracts of the receipts and expenditures at each department of this hospital, during the year 1873, have been transcribed from the books, by the Stewards of the Institution, viz. :—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$24,570 80
Household expenses	45,996 59
Furniture	5,862 45
Lights	2,215 27
Fuel	12,047 07
Garden, grounds, live stock, and carriages	1,333 13
Grain and feed for stock	626 64
Repairs and improvements	3,025 46
Medicines	1,415 33
Amusement of patients	359 55
Stationery and printing	290 33
Miscellaneous	198 98
Repairing boilers	1,392 50
Municipal improvements on Haverford St.	1,904 82
Introducing Schuylkill water	1,318 06
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Total expenditures	\$102,556 98
Net receipts	104,784 83
Average number of patients	202
“ “ free patients	14
Amount expended in 1873 on free patients	\$7,143 00

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds	\$22,801 73
Household expenses	36,982 30
Furniture	3,919 51
Lights	1,833 22
Fuel	6,143 05
Garden, grounds, live stock, and carriages	1,893 79
Grain and feed for stock	2,250 36
Repairs and Improvements	8,333 12
Medicines	1,195 34
Amusement of patients	967 94
Stationery and printing	675 67
Library	60 90
Miscellaneous	259 63
Furniture for "North Fisher Ward"	2,294 68
Heating and ventilating "North Fisher Ward"	4,655 58
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Total expenditures	\$94,266 82
Net receipts	95,267 20
Average number of patients	202
" " free patients	21
Amount expended in 1873 on free patients	\$9,795 24

From these statements it will be observed that the average number of patients in each department was exactly alike, and just what it was last year. The cost per patient has been rather less. The extraordinary expenses at the Department for Males have been the municipal improvements on Haverford Street and the introduction of the Schuyl-

kill water; at the Department for Females, the amount paid for furnishing the North Fisher Ward, and for the heating and ventilation of the same.

The average number of free patients receiving the benefit of the hospital was nearly the same as in the previous year, and the amount expended on this class in 1873 was \$16,938 24.

COMPLETION OF THE NORTH FISHER WARD.—In my report of last year, it may be remembered that mention was made of a new building, then in process of construction at the Department for Females, and the cost of which was to be mainly defrayed from what remained of the legacy of the late Joseph Fisher, specially given “for extending and improving the accommodations for the insane.” This structure is now completed, furnished, and opened for the reception of patients. Before going into a detailed description of the building just finished, it may not be uninteresting to give, if ever so briefly, some notice of the generous Philadelphian to whom our community is indebted for these admirable wards, and of the legacy which enabled this Institution to carry out the wishes of the testator, in a manner that cannot fail to be of lasting benefit to the afflicted, and to add most essentially to the completeness of this Hospital.

Joseph Fisher was born in the city of Philadelphia in the year 1796, and died in the year 1862. He was the son of Martin and Mary Fisher. His father was a native of Germany, and came to this country and married Mary Smith, a resident of Germantown,

near the close of the last century. He was a metallurgist and refiner of gold and silver, and prosecuted this business for many years in Elfreth's Alley near Second Street. His wife died young, after losing several children, and of all her children only two, Joseph and Mary, lived to maturity.

Martin Fisher was a man of considerable scientific attainments, and after practising the refining business for several years, turned his attention and studies to the manufacture of barometers, thermometers, and other scientific and mathematical instruments. This he prosecuted at first at his manufactory in Elfreth's Alley, and subsequently removed to Chestnut above Second Street, where he continued and enlarged his business.

To his only son Joseph, he gave the best education that could then be procured in Philadelphia, and afterwards took him into his store and manufactory, where he was employed on the finer parts of the instruments already referred to. Here Joseph Fisher became a very expert and successful workman, and by a thorough study of every branch of science connected with his business, he was enabled to make many ingenious and important improvements in his instruments, which soon attained a high reputation for their accuracy and fine finish. He continued the business for many years, and when he had accumulated what he regarded as a sufficient fortune, he retired, and devoted his time mainly to scientific and literary pursuits. From his books and papers, it has been found that in addition to his regular business, he had occasionally quietly embarked in some com-

mercial transactions, and had made consignments to Calcutta and other East Indian ports, which terminated very successfully. He was one of the earliest promoters and stockholders of the Lehigh Coal and Navigation Company, and for many years was one of its managers. At the time of the failure of the United States and other banks he was a loser, and this led him to be his own banker, and as his funds accumulated, to make investments only in securities of the most unquestionable character.

Joseph Fisher was a man of the strictest integrity and perfect truthfulness. He was exceedingly modest and retiring in his manners, and was so disinclined to make a display of his acquirements, that he frequently remained silent when matters were being discussed in his presence, with which he was far better acquainted than those who affected to understand them perfectly. He was an accomplished amateur musician and frequently played at the concerts of the Musical Fund Society. He never married. Except one cousin, none of his relatives on his father's side ever came to this country. At the time of his death he had no relatives nearer than cousins, and to all these, of whom he knew anything, he gave liberal legacies in his will, which was made two or three years before his death.

Joseph Fisher was an excellent business man; scrupulously attentive to all its details, kind and considerate to every one, and took an interest in all our public institutions, and kept himself thoroughly posted as to their character and management. Although he had never visited this hospital, he had

friends who were familiar with it in all its details, and from whom he learned much of its great usefulness, and the importance of extending and improving its accommodations. He was always an interested reader of its reports, and sent for copies when his own failed to reach him. In the final disposition of his estate, after, as already stated, remembering liberally all his relatives of whom he had any knowledge, he devised one-half of the residue of his estate to "the contributors to the Pennsylvania Hospital," "to be devoted to extending and improving the accommodations for the Insane," the other half being given to the Philadelphia Library Company to be applied to their building fund. The total amount received by the hospital from this bequest, principal and interest, was \$57,511 57.

This will was contested, but after a patient hearing, the grounds upon which the suit was based were dismissed by the court as utterly without foundation, and in 1864 the executors were directed to make distribution of the estate as desired by the testator.

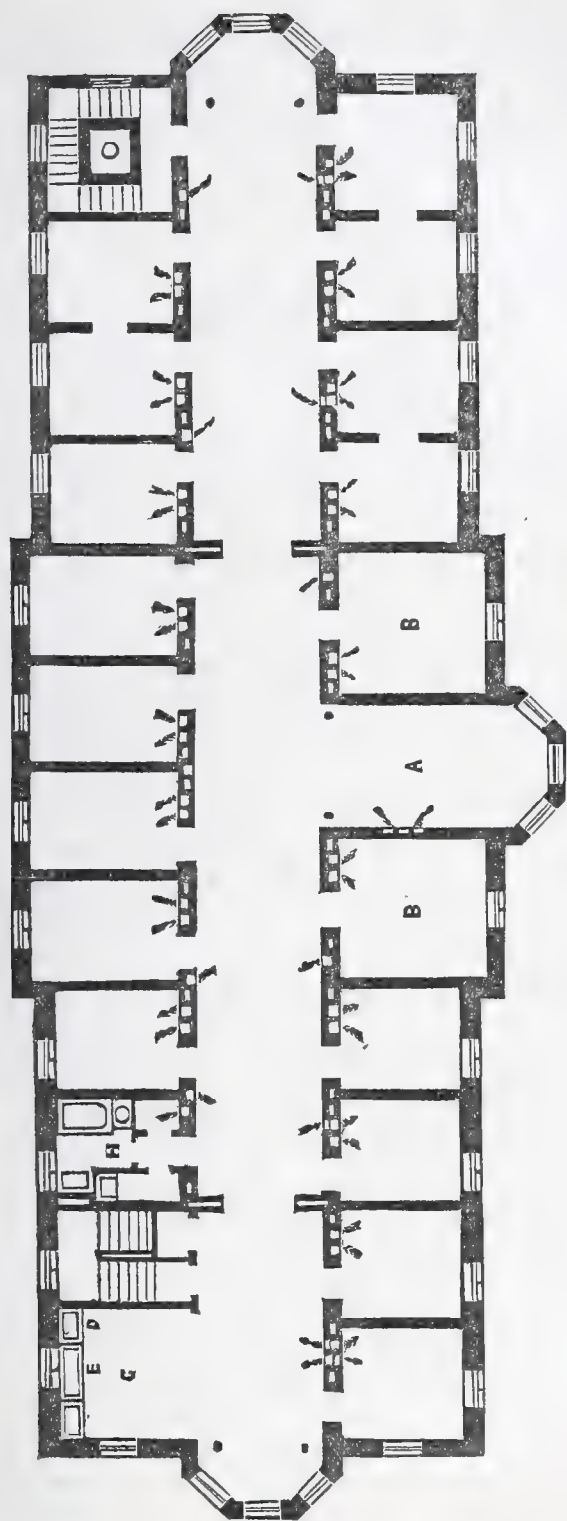
The remains of Joseph Fisher lie in a neighboring cemetery, almost without a stone to mark the spot; but the two Fisher Wards at the Pennsylvania Hospital for the Insane will ever do more honor to his name, and be a better monument to his memory, than the loftiest obelisk or most cunningly chiselled marble, and the blessings of the afflicted, that will be invoked for him in all future time, for his wise and generous liberality, will be a return far more to be appreciated than the highest eulogium that could be written.

The first, or as it is now called the "South Fisher Ward," and of which a detailed description may be found in my report for 1868, was commenced in 1867, and opened for the reception of patients near the close of the following year. It is connected with the South 8th ward, gives accommodations for twenty patients and their attendants, and has already proved of inestimable value on account of its great advantages "for very sick persons and for those laboring under acute affections of the brain, accompanied by high excitement and requiring the utmost care and privacy, and yet, for obvious reasons, not most comfortably situated in any of the ordinary wards." The entire cost of this "South Fisher Ward" was \$24,850.

The "North Fisher Ward," just finished, is on the east side of the North 5th ward, with which it is connected by a light and airy vestibule $11\frac{1}{2}$ by $8\frac{1}{2}$ feet, and through which access may be had to the new ward without going through any other part of the Hospital. The extreme limits of the new building are 125 by 40 feet, it has two stories, each being twelve feet high. It is built of brick above the foundation walls, which are of stone, and all these outer brick walls are hollow, an air space being left between the outer and inner portions. The roof is of slate laid on felting, secured to a wooden sheathing underneath with sheet lead coping. Besides the connection with the 5th ward just referred to, there is a direct communication with the main building through the basement, by which food and other articles are taken to the foot of the dumb-waiter and thence

to the dining-rooms in both stories. This cellar is dry, light and airy, the floor is everywhere finished with mortar or cement, and it is mainly devoted to the heating apparatus. A stairway leads from the cellar to the first story dining-room, so that, as already stated, communication may be had with the centre building, kitchen, etc., without going into the wards.

Each story may at will, be divided into three sections by means of sliding doors, in the panels of which ground glass is placed. The two stories are nearly alike, the section on the west being a dining-room of ample capacity, communicating with the dumb-waiter, and having a speaking tube and dust flue to the basement, sink for washing dishes, steam tables for keeping food warm, gas stoves for cooking dishes for the sick, china closets, brush closets, etc. Besides these, there is a room for the supervisor of this division, and for one patient. The next or middle section has a bath-room, with two water-closets, wash-basins, sink, etc., and a stand pipe to which fire hose is at all times attached, a clothes-room, a room for two attendants, an alcove or parlor 12 by 20 feet, with a bay-window on the south side, and chambers for seven patients. The third division has eight chambers, several of which are connected, for patients having special attendants, and at the end of the corridor is a handsome bay-window, from which may be had a fine view of the surrounding grounds, groves, and summer-houses. The door of exit is also at this end. As mentioned, all these sections may be made one, or divided, at pleasure, much depending



PLAN OF SECOND STORY.

- A. Alcove.
- B. Patients' rooms.
- C. Dining-room.
- D. Gas cooking.
- E. Steam-table.
- H. Bath-room.

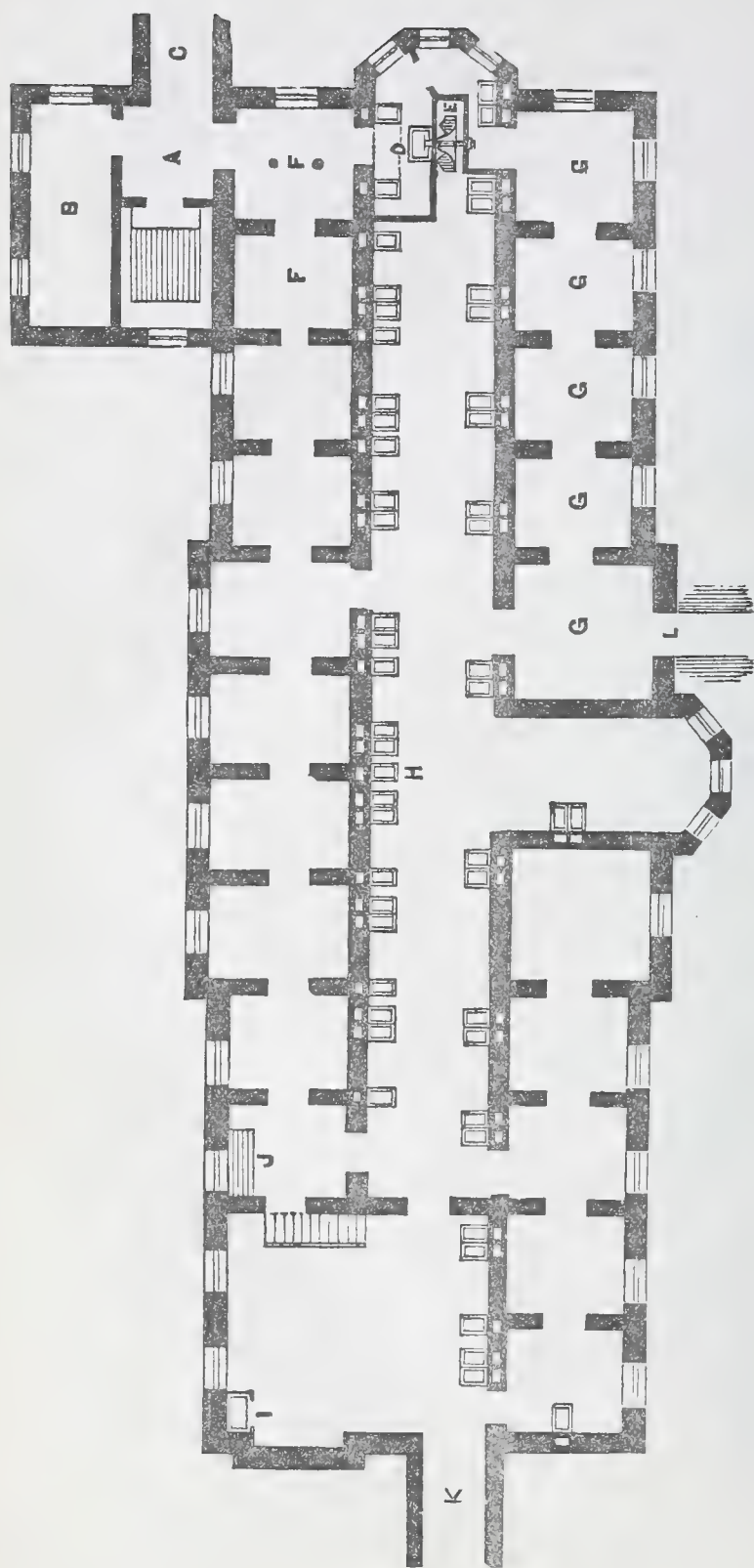
upon the patients occupying the different apartments. The corridors are 12 feet wide, and the light from the bay-windows and from the alcoves renders them bright and cheerful. In each alcove is a piano, and a cottage organ in each eastern bay-window. The size of the patients' rooms varies from 9 by 11 to 13 by 11, some of them, as already stated, being connected. The windows are of the same size as in the wings of the main building, the upper half generally having immovable iron sash of the same pattern as the lower half, which is of wood, with glass 6 by 15 inches. This last rises its whole height, and has an ornamental wrought-iron guard outside, and all glazing is done from the inside. The doors are of yellow pine, bead and butt, opening into the corridor, with a wicket of the size of a corresponding panel in each. Rounded bricks are used everywhere, where it is desirable to have such a finish, as on the inside of doors, sides of windows, divisions of rooms, etc.

Between the first and second stories are two stairways; that on the west side is of wood, communicating with the two dining-rooms; that on the east side is fire-proof, being composed entirely of slate, which our experience has led us to prefer to all other materials for this purpose. The slate is built on the outside into the walls of the building, and on the inside into those of the chimney or air-duct, which the stairs surround. At the bottom of this last-named flight of stairs is the eastern door of exit. These stairs pass up into the attic where, besides the arrangements for ventilation, are three comfortable and cheerful rooms, well warmed and ventilated, and

each capable of containing two beds for the night-watchers or for other attendants whose duties may render it necessary for them to have sleep in the daytime, away from the unavoidable noises connected with the wards. A private stairway leads to these rooms. In this story, too, is the outlet of the steam-pipe for use in case of fire, controlled from the engineer's room in the basement, and from which the whole attic can be promptly filled with vapor. The furniture, everywhere, is plain but substantial, and is generally of walnut.

The general principles on which the heating and ventilation of the North Fisher Ward have been arranged are essentially the same as those adopted in the erection of the Department for Males, which was opened for use in 1859, and of the South Fisher Ward, which was finished in 1868. Of the last it may be said, in passing, that no part of its heating and ventilating apparatus has required any looking after since it was first occupied, more than five years ago. The fixtures at the Department for Males, now in use fifteen years, continue to give satisfaction. The boilers at that house have, however, been thoroughly repaired, and some changes made in the main steam-pipe.

On the north side of the North Fisher Ward is placed the boiler-house, 24 by 17 feet, rising only a little above the cellar of the main building, with a coal vault capable of holding 50 tons of coal, on its outer side, and an ash vault to the east, 40 by $7\frac{1}{2}$ feet, under ground, but owing to the descent of the surface, so arranged that a cart can be backed into it,



PLAN OF CELLAR.

- | | |
|-----------------------------------|--|
| A. Boiler-room. | G. G. Patients' work-rooms. |
| B. Coal-vault. | H. Radiators. |
| C. Ash-pit. | I. Dumb-waiter. |
| D. Steam-engine. | J. Hot-water boiler. |
| E. Fan. | K. Passage through basement to centre. |
| F. Engineer's work and tool-room. | |

and the ashes removed, without coming at all into the ornamental grounds surrounding the building. The boiler has 36 flues and is of greater power than would be required for this ward, being capable of furnishing steam for warming the north one-storied buildings, in addition to the new ward. The gases from the boiler pass off through a twelve-inch cast-iron pipe, extending above the top of the brick chimney, and in its centre, thus forming an additional forcing power to the ventilation. Adjoining the boiler-room is the engineer's work and tool-room, engaged in which he has a full view of the boiler, engine, pump, and steam and water gauges. To the south of this is the engine-room, in which is a vertical engine, driving a five-feet Washington fan, directly from its axis, while adjoining is the fan-room, receiving its free supply of air from movable windows several feet above the surface of the ground. The air from the fan passes directly into the fresh-air reservoir, taking up nearly the whole space under the central corridor, which, as has been already mentioned, is 12 feet wide. The radiators are made of cast iron, and are suspended near the ceiling, the sides being inclosed by sheet iron, the top covered with tin or iron, and the radiators so arranged that every room has its own distinct air-chamber directly under the commencement of its flue. The space below the radiators is left open for the free ingress of fresh air. Everything is thus exposed to inspection at all times. The condensed steam passes back into a tank placed at the rear of the boiler, into which the hot water is pumped as re-

quired. A steam trap prevents the steam passing into this tank. All the distributing steam pipes are thoroughly protected by hair felting. The air after being warmed passes into the flues, all of which, both for heat and ventilation, are in the interior corridor walls, completely filling them, and are made of very smooth terra cotta with rounded corners, each being 3 by 13 inches, and placed in the centre of the wall. The warm air is admitted near the floor into every room, and in numerous places in the corridors. The ventilating flues, corresponding with the heating in number and size, have openings invariably near the floor, and also near the ceiling, all of which can be controlled by keys provided for the purpose. The air passes through these ventilating flues into the attic, the whole of which in the middle of the building, 12 feet wide, is a foul air duct, with a division through its centre, so as to prevent any interference with currents from opposite sides. That on the north side terminates in the duct surrounding the iron chimney shaft already alluded to; the other in a duct of equal capacity, at the bottom of which is a large coil of steam pipe, as a substitute for the gas pipe on the opposite side, or the air from both sides may pass into the latter if desired. The water-closets all have a downward ventilation from their seats, and this terminates in the last-named duct through a cast-iron pipe, the end of which is more than 100 feet from them. The water is let on by opening the door.

The drainage of the building is into the main

culvert, and all the water from the roof and surface is carried off underground.

The entire cost of the North Fisher Ward building was \$31,250 01; of the heating and ventilation, water and gas arrangements \$8207 62, and of the furniture \$3831 49. Of these sums \$32,661 51 were received from the legacy of the late Joseph Fisher.

In regard to the very important matter of heating and ventilation, I trust I shall be pardoned for repeating the conclusions arrived at on this subject, and given in the Report for 1868, already referred to, and as showing what the extended experience of this Hospital, obtained under very varying circumstances, has led me to regard as established principles on the subject. "For many reasons steam is the best agent for the purpose of heating; the fresh air should be passed over radiating pipes or plates under the rooms, and then admitted into the wards in large quantities, moderately warm in winter, and cool in summer, direct radiation being employed only in a few locations, not constantly used, and as a help, perhaps, in very severe weather. All flues should be direct, be in central walls, and made as smooth as possible. No ventilation can be regarded as worthy of the name without some forcing power, and those that are most available are either a fan, or a heated chimney stack, the former being preferable in most instances. Unless there are special reasons for a contrary course, it is best that the warm air should be admitted near the floor, while the ventilating flues should have openings, under control, both near the ceiling and not far from the floor, the

latter to be used when it is important to save heat. If there really were any gases too heavy to ascend inside of a room to the opening of the flue near the ceiling where the air is necessarily warmer than at the floor, they would hardly rise in a flue, the temperature of which is gradually becoming lower as it ascends. The difficulty can be obviated only by the introduction of heat, either directly or indirectly, into the flue itself or at some point into which it empties. The fan, however, is the great and best regulator of all this. No matter where the openings are made, or even if the flues are cold, the change of air is inevitable; the intermixture of that driven into the rooms with that already there being much more thorough in every spot than without experiment could have been believed possible. All attempts to ventilate without using heat, either as a direct agent or as a generator of power to drive machinery, and of course consuming fuel of some kind as the agent producing this heat, must be failures. Ventilation in cold weather is necessarily loss of heat, but no money can be expended more wisely and economically than that which secures it thoroughly." What are called the difficulties of ventilation, and about which so much is said, nearly always arise from efforts to get more heat out of fuel than there is in it, and to ventilate without losing any portion of the heat that is obtained. As already said, all such attempts are sure to prove failures.

In the erection of this building everything has been done with a strict regard to economy, but never forgetful of the axiom, "that which is best done is

always cheapest in the end." This applies especially to hospitals for the insane. Those that are best built, most perfectly arranged, and best managed, are always most economical in the end. The interior can hardly be too well built, nor have too many conveniences and comforts that aid in the treatment of the patients, and while good taste is as useful as desirable, all expensive ornamentation is to be avoided. Acting on this principle, it may safely be said that forty-four beds for patients and attendants cannot at this time be as well provided, near Philadelphia, for a less sum of money than has been expended on this North Fisher Ward.

To Samuel Sloan, architect, we are under special obligations for his valuable suggestions and attention during the progress of this building, as on many other occasions.

The completion of this last Fisher Ward renders the capacity of the Department for Females equal to that of the Department for Males, and the present extent of classification of the hospital, is sixteen distinct wards at the Department for Males, and twenty at the Department for Females, a minuteness of classification the value of which can hardly be over-estimated, and which is about as complete as could be obtained with detached cottages, without any of their many disadvantages.

The size of the Pennsylvania Hospital for the Insane in each department, now corresponds with the original proposition of the Association of Hospital Superintendents, viz., two hundred and fifty patients. Although circumstances have since

that time led to the erection of many hospitals of much greater capacity, I have never seen anything to make me doubt that the Association fixed upon the number that is really best; and whenever it is wished to make provision for as many as five hundred in one locality, I am also entirely satisfied that that problem has been satisfactorily settled by the separation of the sexes, thus keeping the size of the hospitals at the standard originally proposed by the Association.

Whenever another man with head, heart, and means like those of Joseph Fisher wishes to make his wealth a blessing to the afflicted among his fellow-men, by means of this institution, the improvements then to be made here, will be rather to add to the completeness and efficiency of all the arrangements of the Hospital and to promote the comfort of the patients, than to secure an increase of their number—and this will be a work not inferior in importance to that just accomplished.

NECESSITY FOR INCREASED ACCOMMODATIONS FOR THE INSANE.—No one can be long connected with an institution like this, without having almost daily evidence of the urgent necessity for increased accommodations for the Insane which still exists in Pennsylvania—and to almost as great an extent as at any former period—nor feel it justifiable to let pass any proper occasion, even at the risk of seeming repetition, without urging upon the State authorities and the people, the humanity, justice, and real economy of making, as promptly as possible, ample hos-

pital provision for all the Insane of every description within the commonwealth. This great and undiminishing want is not owing to a greater ratio of insanity, in proportion to the population, but to the vast increase in the number of inhabitants of the State, and to the now well-established conviction, that for a very large part of all these cases, proper provision and the most successful treatment are to be found only in institutions specially prepared for the purpose. People begin to realize that the care of the insane differs in many respects from that of most other classes of the sick and afflicted. For the latter, private aid, the provision of essential comforts, and means for securing good nurses and medical care, even at the most humble homes, can do much to relieve the pressing wants which attend ordinary sickness and poverty. This is not so with mental disorders. No matter what may be the comforts or luxuries at home, or the devotion of friends, for no small proportion of cases, the arrangements of well-conducted institutions can alone be relied on, to give even to these, the best chances of restoration, conjoined with a proper regard to the welfare and security not only of the sick, but of their families and the community.

Insanity is truly the great leveller of all the artificial distinctions of society. For its relief, a treatment not very widely dissimilar, is required for all classes. The State, regarding as its special wards all such as have none to properly care for them, nor the means to select their accommodations, has, in obedience to the dictates of Christianity and the

promptings of a common humanity, commenced making enlightened arrangements for all cases of this description. The work already done seems large, but it is only the beginning of what is required. The State having provided for a part cannot refuse equal advantages to all. One section of the commonwealth has no right to enjoy privileges and benefits refused to another. One household has no right to claim an advantage that cannot be enjoyed by every other family. All the people of Pennsylvania unite in contributing the means for these good works, that mark more strikingly than anything else, the difference between an enlightened Christian and a barbarous people. State provision must be open to all. Not to the indigent or the pauper alone, but to the citizen of moderate means. And even as to the rich, it is to be remembered that their taxes are in equal proportion to their means, they give as much more largely than others for the provision and support of all State institutions as their wealth is greater, and if they wish it, certainly they have a right to an equal share of these advantages. Money used at home often cannot secure what is required in the treatment of a case of insanity, and in not one case in a hundred would there be the ability to secure, outside of an institution, just what is desirable. This principle has been so fully recognized in many of the States, that no charge is made for any patient in a State hospital, but a direct tax provides for the care of all that choose to avail themselves of the advantages furnished by the State; and wherever this is done, the principle is also fully recognized, that the State

is bound to provide amply for all her afflicted people.

This great work of benevolence and justice is going on steadily in our own State, but not at all with a rapidity equal to its wants. The action of the last legislature in directing the completion of the Hospital at Danville, and the commencement of a new one for the northwestern section of the State, at Warren, commends that body and the Executive to the grateful thanks of all who feel for the sufferings of their fellow men. It is hoped that ample means will be furnished for the early completion of both, which will do much to relieve the most urgent wants of those sections of the commonwealth; but, until the State has emptied its jails and almshouses of their insane inmates, and made provision sufficient for all others, not now cared for in public institutions, her work is unfinished, and full justice is not done to all her citizens.

When all the State hospitals are full—even improperly crowded, as has been the case in Pennsylvania for several years past—it is not possible to do what all humane men would certainly desire. Until the State makes the provision, no more can be taken care of. The question then is, shall those in jails and almshouses be sent to the hospitals, and those in the hospitals be transferred to their places in the almshouses and penal institutions? This would often only be a change of position, and not a real advantage to any, the presumption being that those in the almshouses and jails are not, of the two, the class most likely to be benefited by treatment. Some discrimination must be made, and here is just where

a difference of opinion is to be expected. Those connected with the State hospitals, naturally wish that these institutions should do the greatest possible amount of good to the community, and as all cannot be cared for, they think that those most likely to be benefited by treatment should be first received. This is the only "interest" that can, with a shadow of justice, be supposed to actuate them in the matter, and this seems to have been the opinion of most of our legislatures. Those who manage the poor-houses and jails naturally wish to be rid of subjects who give them extraordinary care and anxiety, and those whose official duty it is to look specially after the poor and neglected of every class, and everywhere, as might be anticipated, desire their unfortunate wards to be first provided for. Another class, with opportunities for observation quite equal to any, in no way connected with State hospitals or any of the other institutions referred to, who under no circumstances will have the care of any of these cases in or from almshouses and penal institutions, may after all, for the reasons just named, be as well qualified as any other citizens to suggest a remedy for existing difficulties. Without something more than mere assertion, anything like an impeachment of their motives, in what they recommend, is utterly without justification. They are "interested," it is true, but it is solely to promote the welfare of all the insane. It is to be hoped in any legislative action that may be had, the law makers will be found, with all the others referred to,

aiming only to provide the greatest amount of good for the largest possible number.

The remedy for all these difficulties is, very clearly, that the State should furnish at the earliest possible moment, ample accommodations for all the insane. This cannot be too often repeated. On this point, fortunately, there seems to be no diversity of opinion. All are equally emphatic as to the duty of the State and as to the humanity, justice, and economy of such a course. When that day arrives—and may it be soon—we shall all unite in claiming honor for our good old commonwealth, which, with all her great works, will have accomplished nothing greater than this.

What is wanting is a hearty union of all in advocacy of that, which every one says is right. Without faith and perseverance, however, good works are rarely accomplished, and without either, hospitals for all the insane in a State are not likely to be secured. “Cannot” and “will not” are terms that ought not to be used in reference to such a work as this. If it fail, it will not be so much from an unwillingness on the part of the people or their representatives, as from dissensions in the house of its friends.

“What shall be done for the insane poor?” is not a new question. It has been asked over and over again during the last twenty years, and no description of their sad condition can exceed the reality, or prove the necessity for action, more urgently than what has been presented to the public authorities on many occasions. The question, however, cannot be

asked too often, nor can the condition of this class be too frequently or earnestly referred to, till the legislature and the people are thoroughly convinced, not only that the work required is a duty, but that much longer delay must be a reproach to all in authority.

So far as experts are concerned this whole question has long since been 'settled. They have shown repeatedly that the only remedy that is right and can prove permanently satisfactory, is the provision of enough well-managed hospitals, for all cases, chronic as well as acute, the separation of the insane poor from the paupers, and a distinct provision for insane criminals. In all its branches it has been discussed over and over again. The results of the largest experience have been given, and facts in abundance that could not be questioned, have been placed before those whose action alone could provide the remedy. The unanimity of sentiment on all these points has been very complete.

But are none but those who resort to almshouses or are sent to jails to be among the first provided for? There are in every State a very large class, often among the best citizens, who live comfortably when all are in health, but who are reduced to real suffering when the head or some other member of the family, upon whom it was mainly dependent for support, instead of being a producer, becomes insane, and from that time a burden to all the rest. Such as these have an honest pride in paying for what they receive; they have always done so, and no struggle is regarded as too great, if it enables them to con-

tinue this honorable independence. They cannot tolerate the idea of being paupers. It is the duty of the State to make provision for these, just as much as for any other class, and to furnish accommodations for them, at a rate that they can meet by restrictions and extraordinary exertions. The low rate at which "paying" patients are received into the State hospital often exactly meets the wants of this class, and it was to do this, after very mature deliberation, that the rate was made so much below the actual cost. If these have not this advantage, as now situated, they must go to the almshouse, and under any circumstances would be regarded as paupers. It would be sad indeed to tell this very numerous class that they are to be turned out of the State hospitals, or that they cannot be admitted there, for no other reason than that their places are wanted by those already in the almshouses. To tell them that they are to be classed with the "rich," because the very small rate of board charged, is by great exertion scraped together, would certainly surprise them. No terms are further from being synonymous or convertible, in a State hospital, than "paying" and "rich" patients. Those who think they mean the same, little know what privations are often endured, what hours that ought to be devoted to sleep are passed in toil, and how many comforts never before dispensed with, are given up by those who cheerfully do all this, to earn the small sum that records their friends among the "paying," secures a chance for their restoration, or, if that cannot be, at least a comfortable home while their

families can live in quiet and security. To ask these to resort to "private" institutions is little better than mockery. It is like the suggestion of the princess, who on being told that the populace were crying for bread, naively asked why they did not eat cake. When such difficulties and privations are encountered in providing the small amount which the State asks for this class, how is a sum three times as great, required by the hospitals referred to, to be obtained? Besides, all the benevolent institutions chartered by the State, and all the really "private" ones conducted by individuals, together, could offer to-day but little more than one hundred vacant beds, while the patients of the particular class referred to, cannot be less than four or five times as many, and the number of all classes in the State yet to be provided for, must greatly exceed one thousand.

As already remarked, it is the duty and the interest of the State to make ample provision for all classes of the insane. That there is a positive saving by so doing, has been often demonstrated. Cities and counties should be expressly prohibited from keeping their own insane, unless they are willing to provide institutions fully up to the knowledge of the times and having a special medical organization,—hospitals in reality as well as in name. What are frequently spoken of in public documents as "county hospitals," often have not the first characteristic of such institutions. The propositions of the Association of Hospital Superintendents, adopted more than twenty years ago, have been so generally accepted as em-

bracing the only true principles of construction and organization, that it is not too much to demand that nothing less than what is there required, should be recognized by those in authority as being a hospital for the insane. If a county or city has enough patients for this, and is yet unwilling or neglects to provide such an institution, then the work should be done by the State, and, under any circumstances, these county hospitals for the insane should be under the same kind of supervision, as those established by the State.

The class of insane first to be provided for by a State, is unquestionably those who are kept at home, placed quite out of observation in their own houses, or in detached buildings, where, deprived of the simplest comforts of life, they are often utterly neglected and removed from all supervision. Their number now is not large, but they are the saddest cases of all, and their transfer to a hospital should be made compulsory.

Next come those in almshouses and jails, and often those in the latter really seem better off than those in the former; and in a well-conducted penitentiary, there can be but little question which condition is to be preferred. So that, except as a matter of sentiment and justice, it is not always the insane in these penal institutions whose condition is the most pitiable, and makes the most urgent and rational claims for relief.

It is to be distinctly understood that an insane person, acting from insane impulse, divested of all self-control, can never be guilty of crime, and cannot

with any propriety be called a criminal. All of those just referred to, who have not been guilty of crime, are suitable subjects for State hospitals for the insane. The only question is, when all cannot be provided for, which class shall be first received, and this question will be answered very much according to the special interests and sympathies of those who discuss the subject. Those who can give the most hopes for their restoration and in the order just suggested, seem to present the strongest claims for the care of the State. There are, it is true, a limited number of cases in which it is difficult to decide whether the commission of acts that would be the highest grade of crime in a responsible being, is to be attributed to insanity or to criminality. There are often men who have always been dangerous members of the community, the record of whose lives shows a persistent warfare against the laws of society; even here and there, there are individuals with undoubted insanity, but with specially bad natural characters and antecedents, strong and persistent impulses to homicide, incendiarism, or other shocking acts, or adepts as prison breakers and as burglars, who ought not to be admitted, or at least the propriety of whose admission, under any circumstances, to a State hospital is questionable. It is questionable, because the possible good that may be done to them cannot, or is not likely to, equal the certain evil they are sure to inflict by their presence upon an institution such as has been referred to, and upon the ordinary insane. Such cases, the number of which is small, no one pretends are to be neglected;

but the best disposition of them, best for all concerned, may safely be left to the decision of the courts, to whom in many of the States this power has been advantageously given. Many of these cases will hardly suffer by being cared for in the same building with those to whom reference is about to be made, and than whom they are often more dangerous. They must be accommodated in very much the same way wherever they are, will hardly be less happy in one place than the other, and in the one, nobody's sensibilities will be outraged, and the community will be protected; while in the other, with doubtful good, there will be the strongest probability of serious injury.

THE CARE OF INSANE CRIMINALS.—There is still another class of the insane for whom no proper provision has as yet been made in Pennsylvania. These are persons who have been committed to prison for crime, and whose insanity has been developed while in confinement. In some of them, there may be grounds for the belief that the mental disorder existed before the commission of the acts for which they were sentenced, but having been tried by a jury and sentenced by a judge learned in the law, the only allowable inference is that they really were criminals when sent to prison.

The proper care of this class has long claimed the attention of philanthropists and legislators, and in at least one State, and in some foreign countries, the problem seems to have been settled satisfactorily. On one point, at least, there has been almost, if not

entire unanimity among all who have had any practical experience in the care of the insane. They have been able to say what should and what should not be done, although powerless, without other aid, to carry out convictions based on long and widely extended experience. What these views are can hardly be better expressed than in the resolutions adopted by "The Association of Medical Superintendents of American Institutions for the Insane" at their meeting in Baltimore in May last. After a full discussion, the following resolutions were adopted, viz.:—

"1. That neither the cells of penitentiaries and jails, nor the wards of ordinary hospitals for the insane, are proper places for the custody and treatment of insane convicts.

"2. That when the number of this class in any State (or in any two or more adjoining States that will unite in the project), is sufficient to justify such a course, these cases should be placed in a hospital specially provided for the insane, and that until this can be done, they should be treated in a hospital connected with some prison, and not in the wards, or in separate buildings upon any part of the grounds of an ordinary hospital for the insane."

The important points to be noted are, that persons convicted of crime, who become insane, are not to be kept in the common cells of prisons or jails, nor are they, under any circumstances, to be sent to the State Hospitals for the Insane, nor be confined in separate buildings, anywhere on the grounds of the last-named institutions. Having stated, in unmistakable terms,

what should not be attempted, the question arises, what then is to be done with these cases, which certainly are not to be neglected. The remedy, and the true course to be pursued, are pointed out with as much clearness as the prohibition just referred to. The State should provide a hospital specially for insane criminals of every description, and in which they should be under medical care and have the best treatment. This building may be near a prison, or in an entirely different section of the State. If the authorities deem this course inexpedient, a suitable structure should be put up upon the prison-grounds, where the patients shall be visited by the physician of the prison and have the same general attendance and care as they would receive in a State hospital. This plan will probably be adopted, wherever the number of patients is regarded as too small for a separate hospital and organization. But whatever course is decided on, these cases are not to be cared for in the wards of the present State hospitals, nor in buildings on any part of their grounds.

The meeting at which these resolutions were unanimously adopted, represented more than fifty hospitals for the insane, in every section of the country. The resolutions are as emphatic as they could well be made. Many of the members had had a practical experience on the subject, knew all about the difficulties, dangers, and disadvantages of treating this class in ordinary State hospitals, and scarcely one who had had this experience, failed to denounce the association of insane criminals with the insane, not criminal, as most detrimental to their best interests.

In nearly every instance where it is still done, the officers of the hospitals are found imploring the proper authorities to discontinue a custom having more evil than good among its results, and which, tried over and over, has always proved a failure.

The Medical Society of the State of Pennsylvania, which has done so much to secure additional accommodations for the insane, has adopted the resolutions of the Association already referred to, without any modifications, and it is now memorializing the legislature to make proper provision for insane criminals, and especially not to have them cared for in connection with the present State hospitals.

It does not seem possible for any legislature to ignore such expressions of opinion as these, and to inaugurate a system in direct opposition to the views thus expressed. If experience is worth anything, anywhere, it is in a case like this.

In some of the newspaper discussions about insanity, a few years since, it was now and then announced, that among its many peculiarities, was the very remarkable one, that those having little, often very little, familiarity with the disease, were better qualified to judge of its existence, and to decide what was best to be done with the patients, than those who had made a special study of the subject, and had had the largest opportunities for observation.

It is to be hoped, as it is believed, that the lawmakers of Pennsylvania will not become converts to this very singular doctrine, so different from what is accepted in all the usual avocations of life, no matter from what source it may emanate.

It has been objected to the proposed plan, that the people would not submit to such an expenditure of the public money, but this is believed to be a fallacy. So far as I know, the tax-payers have never objected to the most liberal appropriations for the care of the insane of every class, if properly used, nor are they likely to do so. It has also been said that in the mode proposed, these criminal cases could not have the skilled medical care that is desirable. To this, it may be answered, that while the importance of practical experience is fully recognized, there is no such mystery in the treatment of insanity, as would disqualify the medical officers of a prison from taking charge of these cases. The principles which should guide them in the work are well understood, and a real interest in the matter is all that is necessary to secure satisfactory results. Even within the prison walls, light and airy apartments can be provided, with kind and intelligent attendance, means of occupation and amusements, of exercise in the open air, and nearly everything they would receive in the generality of hospitals. They could have just such associations as were deemed best, and our system of prison discipline ought certainly to protect them from coming in contact with other convicts, unless as unfortunate as themselves, in having lost the use of their reason.

Settle this matter as we may, either a part of a prison has to be converted into a hospital, or a part of a hospital into a prison. It needs no argument to show that the first is more desirable, injuring no

one, and scarcely depriving any one of a single important advantage.

It is quite natural that the officers of prisons should desire to be relieved from the care of insane convicts, as they are often exceedingly troublesome, just as they would be in a hospital, and no one ought to deny that the State should, at the earliest possible day, relieve the prisons of their care. Still, it is quite possible, that until further State provision is made, less inconvenience will be suffered and less injury done, by allowing them to remain where they are, than by sending them where, on account of the character of the cases, and the more decided restraints to which they would have to be subjected, they could receive but little additional advantage.

In New York, the result of sending insane convicts to the State hospital was always unsatisfactory, and a constant subject of complaint by their officers, the patients, and their friends. Escapes were a common occurrence, and the convicts were rarely recovered. Insanity was frequently feigned by criminals, for the purpose of being sent to the hospital so that they could escape, and their influence on other patients was anything but beneficial. Impelled by these reasons, the State authorities established at Auburn, near the prison at that place, a hospital under the care of a medical superintendent, and to which all such cases have since been sent, as well as others whom the judges of the courts or other State authorities deemed better suited for that institution than for one of the other State hospitals. With this arrangement, so far as known, there is general satisfaction.

The separate provision made for insane criminals in England, Scotland, and Ireland seems, from the published statements, to have been quite as satisfactory as in New York.

In the discussion of this subject in Massachusetts, the protests against the association of insane convicts with the ordinary insane, have been uniform and decided every year. No one connected with the care of the insane ever seemed to have a doubt as to what was proper to be done, and the able gentlemen, now in charge of the three great State hospitals, presented a memorial to the legislature only a year ago, which is just published, and in which they refer to the general subject, and also to the case "where they (insane convicts) are not sufficiently numerous to justify the foundation of a hospital especially devoted to their custody and treatment." Their recommendation is given below, and their opinions now are the same, and any different statement of their views can only have resulted from a misapprehension of the facts. These gentlemen, with entire unanimity say that "upon the same farm with the proposed State prison, but separated by a wall, we would recommend that a suitable building be constructed for the convict insane. This building should be part of a larger and more complete edifice, to be constructed by additions as circumstances may require. For the present, its convicts might be under the care of the physician to the prison, and their table supplied from the general kitchen; but the complete prospective structure might be made a hospital of independent organization and support."

The objections to receiving insane criminals into the ordinary State hospitals are great and insuperable. A large part of them, as shown by experience here and elsewhere, are pretty sure to escape, and when they do so, are rarely recovered, thus often exposing the public to a very grave danger. Their presence in the wards demoralizes the ordinary service. The necessity for extraordinary means of restraint, both in the buildings and for the person, are very objectionable. They are often adepts as burglars and prison breakers. Insanity is often feigned to secure admission to a hospital on account of the greater facility of escape. Wherever these cases are found in any number, dangerous combinations have been formed, and few such combinations have anywhere been attempted but under such a leadership. The patients guilty of no crime, and their friends everywhere, very naturally protest against such associations. They feel, justly or unjustly as it may be, that what they came to as a hospital, in some of its parts at least, has been converted into a prison, and quote the presence of criminals as proof of their assertions. No matter how small the portion thus built and used, nor where placed on the grounds, to a greater or less extent, it gives a character to the whole. This may be called "sentiment," but it should nevertheless be respected, and legislators will hardly err, if they ask themselves how they would regard such associations for members of their own families or friends in whom they are specially interested.

At the last session of the legislature a bill "for the care and safe keeping of insane criminals" was introduced, directing that at Danville upon the hospital foundations then laid, "accommodations should be fitted up and prepared for at least fifty inmates" of this description. This proposition very properly failed. It has since been recommended to provide separate accommodations for the same class upon some portion of the grounds of the same institution, but this is only rather less objectionable than the first proposition, and restricted as the class certainly would be to the limited space allotted to them, they would only occasionally receive the best advantages to be expected from a hospital for the insane.

With a consciousness that there does not exist the slightest "personal interest or convenience involved in the questions" that have been discussed, it has been felt to be a duty to advocate the course recommended by most of those, who are generally considered the soundest authorities, and by them regarded as most likely to promote the best interests of all the insane; nor is it out of place to say, that it is fully believed to be quite possible, that neither the insane nor the State will suffer loss, even if experts are now and then allowed to be "judges" instead of simply "witnesses," on matters, regarding which they ought to be at least as well informed and as unprejudiced as those who claim the right to occupy these high positions.

THE LEGAL RELATIONS OF THE INSANE.—Those most thoroughly conversant with the whole subject

have never supposed that the act of 1869, defining many of the legal relations of the insane, and in most of its provisions passed at the instance of the Pennsylvania State Medical Society, had added very materially to the safeguards of the liberties of the citizens. In this respect, in this State, these were never practically in any danger, inasmuch as no well-authenticated case of a really sane person being confined as insane has yet been discovered. The general operations of this law have been satisfactory, and it has certainly been better for all, and especially for institutions, to have some definite legal forms, instead of relying on the common law, based, as that was, on the practice originally adopted in the Pennsylvania Hospital, soon after its foundation.

Those sections of the law referring to persons acquitted of crime on the ground of insanity, are certainly a great advance beyond anything that previously existed, and can hardly fail to have an influence in restricting the plea to reasonably doubtful cases. At any rate, they will prevent the scandal that had become so common, of seeing one who had taken or attempted to take life, almost immediately after trial, upon the public thoroughfares, enjoying the fullest liberty. All such exhibitions as these, this law has effectually ended. If men are acquitted on the ground of insanity, they are to be treated as insane, and not restored to freedom until their recovery is unquestionable, and the safety of the community fully assured.

Notwithstanding the increased expense incurred in carrying out the provisions of this law, of which

complaint is often made by persons in indigent circumstances, it has not to any extent prevented cases being put promptly under treatment, or caused them to be kept improperly at their own homes, as it certainly has not subjected them to any unnecessary exposure, and each of these is a danger to be apprehended in all prejudiced or inconsiderate legislation.

During the year just closed, but two patients have been before the courts on writs of habeas corpus. In one, the case was referred to a very intelligent commission, who, after a careful examination of witnesses and hearing the arguments of counsel, decided that the patient was insane, and ought to be restrained in a hospital. Subsequently, during a traverse of these proceedings, the case was settled by the parties interested, in a manner agreeable to themselves. In the other case, while taking the same course, the patient put a sudden stop to all proceedings by manifestations of active disease, that no one could refuse to recognize.

I have said on other occasions, what it will do no harm to repeat now, that time with the changes that come with it, settles beyond all question the real character of most of the cases about which there are disputes. The slow but sure progress of disease, often obscure in its commencement, the commission of acts that could have no other explanation than mental disorder, and above all, the revelations of the scalpel after death, have settled beyond all controversy, the character of many cases about which the public has been led to hold the most erroneous opinions, and the end of which is often known to but

few. For this time and these results, those who are engaged in the care of the insane must be content to wait, sure that whatever they may have been exposed to in the interval, the final verdict will be on the side of right and justice.

In regard to the official inspection of hospitals for the insane, the more the subject is studied, the more obvious it becomes to all unprejudiced inquirers, that the best and most efficient form of supervision, and that which secures most thoroughly the highest interests of the patients at all times, is an intelligent Board of Managers or Trustees, selected for their high personal character, and whose lives place them above the breath of suspicion of being actuated by any but the most purely disinterested motives.

Serving without compensation, their regular visits of inspection at short intervals, and their frequent stated meetings, keep before them the actual working condition of a hospital, much better and more reliably than can possibly be done by any State officer or commission, making occasional examinations, no matter how thoroughly they may perform the required duty.

In all the searching investigations made by the late Constitutional Convention, it is gratifying to find that there was nothing discovered in our legislation on the subject of the insane, or in their treatment, requiring the attention of that body. This was the case in the two previous Conventions for forming constitutions for Pennsylvania, and is one of the best evidences of the thoroughly humane and just principles upon which our institutions for this

unfortunate class were established and have been conducted. It is not less certainly, an indication of an entire disbelief of the sensational stories now and then circulated, that these places were used by interested and unprincipled parties, for purposes foreign to their avowed objects,—a charge which even a very slight investigation could not have failed to prove utterly groundless.

CONCLUSION.—It is a pleasure to close this report with the assurance that the Institution was never before so well supplied with the means of carrying out its share of the benevolent objects for which the Pennsylvania Hospital was founded, as long ago as 1751. What it yet greatly needs, as you are fully aware, is a permanent endowment, the income from which would enable it to add to its resources everything likely to benefit its patients, to meet extraordinary expenditures, and, above all else to extend its advantages to more of those in humble circumstances. What it has done, and how its work has been effected, have often been reported, and form a chapter in the history of our State, worthy of study by legislators as well as philanthropists. It has forcibly illustrated how much can be done by a reliance on the benevolence and liberality of private citizens, and has demonstrated what great results can thus, often without any State aid, be accomplished.

Commending this hospital again most earnestly to the generous sympathies of the whole community, not less than to your own continued watchful in-

terest and oversight, and with deepest gratitude to a superintending Providence for all the blessings vouchsafed to it in the past, the coming year is entered upon with entire faith that its future, with the same blessings, will exhibit still more gratifying results.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane, }
1st mo. 1st, 1874. }


A P P E N D I X .



SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

 Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, for indigent recent and supposed curable cases, only; and, judging from past experience, when thus used, will be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

a certificate of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of — made within one week of the date of this certificate, we find — to be insane, and a proper subject for hospital treatment.

————— M.D.

—————, 1874.

————— M.D.

—————, 1874.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and — to before me, this — of — 1874, that the signatures thereto are genuine, and that the signers are physicians of respectability.

————— [L. S.]

APPLICATION.

I request that the above-named — may be admitted as a patient into the Pennsylvania Hospital for the Insane.

—————.

————— 1874.

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, _____ dollars _____ cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove _____ when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.†

Witness our hands the _____ day of _____, 1874.

_____ [L. S.]

_____ [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What have been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?

10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

THE PENNSYLVANIA HOSPITAL FOR THE INSANE,
AT PHILADELPHIA.

To answer inquiries that are constantly being made, and to remove erroneous impressions occasionally entertained, not only in regard to the character, but also the objects, of the Pennsylvania Hospital for the Insane, the following sketch of its history, etc., is republished.

HISTORY.—Established by benevolent private citizens of this commonwealth, in 1751, the Pennsylvania Hospital was chartered by the Provincial Assembly of that year, as “the Contributors to the Pennsylvania Hospital,” and from the first had two departments, its objects being declared to be “the relief of the sick poor and the reception and cure of the insane;” this being the first regular hospital provision for the insane in America. This declaration of its objects manifested a remarkable degree of good sense, for while the ordinary sick poor were to be admitted, it was fairly implied that the insane, no matter what their social position or pecuniary means, were to be received, and not simply cared for, but “cured.” Such a recognition of insanity as a curable disease, at that early day, was much more in advance of the general public sentiment than can now be well imagined.

The first patient was admitted on the 11th of February, 1752, and the second, third, fourth, and sixth patients received were insane, two paying their ex-

penses, and two being treated without charge of any kind.

The hospital, at first, was kept in a private house on the south side of Market Street above Fifth Street, formerly the residence of Judge Kinsey, and for which a yearly rent of forty pounds was paid. The eastern wing of the Pennsylvania Hospital, at Eighth and Pine Streets, was finished and opened in 1756, and in the basement of this wing the insane were taken care of till 1796, when, on the completion of the west wing, they were removed to it, and continued to occupy that portion of the hospital, till they were transferred to the new building—now “the Department for Females”—on the west side of the River Schuylkill, and which, under the title of “The Pennsylvania Hospital for the Insane,” was opened on the 1st day of 1841. This building accommodated all the insane under the care of the Institution, till its crowded state led to the erection of an entirely new structure on the same grounds, and to the subsequent separation of the sexes. So that since the opening of this last building, now “the Department for Males,” in 1859, the Pennsylvania Hospital for the Insane has consisted of two distinct departments, that for males, capable of accommodating 250 patients, and that for females,—since the erection of the two Fisher Wards,—also capable of accommodating 250 patients, both being on the same tract of 113 acres of land, lying between Market and Haverford Streets, and Forty-second and Fortyninth Streets, in the city of Philadelphia. The buildings are about one-third of a mile apart, have

91 acres devoted to gardens and pleasure grounds, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted of every class, profession, or creed, without regard to residence, and, as far as it is able, dispenses its benefits to those from our own State, not blest with this world's goods, as freely as to those who seem to have nothing to ask for but health.

RESULTS.—While the original structure at Eighth and Pine Streets was used,—a period of ninety years,—4366 insane patients were treated there, and of these 1493 were cured, 913 discharged improved, 995 removed without improvement, 610 died, 246 eloped, mostly before the square was permanently inclosed, 97 were transferred to the new Institution, and 12 were retained in town.

The Pennsylvania Hospital for the Insane began in 1841, with 97 patients, received from the old hospital, and with accommodations for 140. It can now receive about 500 patients. Since its opening it has received 6651 patients, and of these 3105 have been restored to their friends, cured; 1548 have been discharged in various stages of improvement; 777 left without improvement; and 805 died; while at this date 416 remain under treatment, with sixteen distinct classes or wards for men, and twenty for women. Of these patients, 1434 were received without charge, and about as many more paid less than the cost of

their support. While the insane were in the old hospital, the receipts from their care so much exceeded the cost, that fully \$100,000 were added to the capital stock from this source.

HOW ACCOMPLISHED.—All the land was obtained for the sum of \$30,000, and that and the original buildings at the Department for Females were provided at a cost of about \$325,000, these funds being obtained from the sale of a portion of the vacant lots surrounding the parent hospital in the city, and which lots originally cost but \$10,000. The Department for Males was provided at a cost of \$355,000; made up entirely from the contributions of benevolent individuals, nearly all of whom were residents of Philadelphia. The two Fisher Wards were built and furnished almost entirely from a special legacy of the late Joseph Fisher, of Philadelphia. This land, on which is the Pennsylvania Hospital for the Insane, will always be much more valuable to Philadelphia, for the purposes for which it is now used, and as a reservoir of fresh air for the neighborhood, than it could possibly be if covered with buildings of any description.

Whatever the Institution has received for board and medical attendance has been expended in the care and for the benefit of the patients. Beyond its receipts from this source, it has expended on free patients and those unable to pay the entire cost of their support, in thirty-three years, \$159,996 36,*

* During the same period, the Hospital at Eighth and Pine has expended on indigent patients, from the same source, nearly \$800,000.

derived from the treasury of the corporation, or an average of \$4848 37 per annum, being, however, considerably less than the interest yielded by what the care of the insane had, previously to 1841, added to the capital stock of the corporation. The total amount expended on this class, in these thirty-three years, was \$361,492 01, or \$10,953 00 per annum.

No one connected with the Institution has any pecuniary interest in its income or in the receipts from the board of its patients.

It has never yet failed to have a weekly visit of inspection from a committee of its Board of Managers,—each serving two months at a time,—and these visits, with the regular service of its physicians and other officers, with supervisors, companions, and attendants living in the wards, constitute the system of personal superintendence for securing the greatest comfort and the best care of the patients.

It will thus be seen that all this provision for “the care and cure of the insane,” the relief of private families, and the protection of the community, and all these results, have been secured to our city and State, without any resort to the treasury of either. No one has been taxed to aid in this great work. What has been received has been given voluntarily. As insanity is a disease from which no one can claim exemption, as it differs from other maladies in requiring hospitals specially prepared for its treatment, and for which, in most cases, no amount of pecuniary aid can be a substitute, it is felt that this Institution is safe in relying, as it always has done, on the benevolence and liberality of private citizens, and

the intelligent appreciation of the community in the midst of which it does its work, for whose benefit it has ever been conducted, and who are specially fortunate in having it just where it is,—easy of access, with unusual facilities for management and for carrying out the great objects for which it was established.

ITS NEEDS.—The claimants for admission on the part of those unable to pay the full cost of their support, are constantly increasing, and are far beyond the resources of the Institution. Many of them are cases of the greatest interest and curable. It is to meet these applications, and to provide everything that will promote additional comforts, greater happiness, and give better chances of restoration for all its patients, that the Institution needs large additions to its resources, and especially a great increase of the permanent fund which has been liberally started by a few benevolent individuals.

Where free beds are established, they are for indigent recent and supposed curable cases, only; and, judging by past experience, when thus used, every such bed may be expected to be the means of restoring to reason and to society, from one to two patients in every year the Hospital shall exist.



R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1874.

BY THOMAS S. KIRKBRIDE, M.D.,

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

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Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages for any of the officers or patients may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia; but letters come more promptly through the Post-Office.

Direct Telegraph Office, No. 107 South Third Street, 2d story.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

In compliance with the By-Laws of the PENNSYLVANIA HOSPITAL FOR THE INSANE, the undersigned presents to its Board of Managers his thirty-fourth Annual Report.

At the date of the last report, there were 416 patients in the Institution; since which 248 have been admitted, and 248 have been discharged or have died, leaving 416 at the close of the year.

The total number of patients in the hospital during the year was 664. The highest number at any one time was 446; the lowest was 403; and the average number under treatment during the whole period was 423; 210 males, and 213 females.

The number of males in the hospital during the year was 350, and the number of females was 314. The highest number of males at any one time was 218, and the highest number of females 228. At the beginning of the year there were 210 males, and 206 females. At this date there are 204 males, and 212 females. The number of males admitted during the year was 140, and the number of females 108.

Of the patients discharged during the year 1874, were

	Males.	Females.	Total.
Cured	52	55	107
Much Improved . .	6	9	15
Improved	33	15	48
Stationary	24	8	32
Died	31	15	46

Of the patients discharged "cured," thirty-nine were residents of the hospital not exceeding three months; twenty-eight, between three and six months; twenty-two, between six months and one year; and eighteen, for more than one year.

Of those discharged "much improved," two were under treatment less than three months; four, between three and six months; three, between six months and one year; and six, for more than one year.

Of the "improved," fifteen were under care less than three months; thirteen, between three and six months; nine, between six months and one year; and eleven, for more than one year.

Of those discharged and reported "stationary," nine were under care less than three months; four, between three and six months; seven, between six months and one year; and twelve, for more than one year.

Thirty-one males and fifteen females have died during the year. Of these deaths, twelve resulted from acute mania; six, from general paralysis; seven, from acute melancholia, generally connected with an

obstinate refusal of food; three, from pulmonary consumption; three, from epilepsy; eight, from paralysis; two, from old age; one, from suicide; one from the effects of a fall; one, from accidental burns; one, from disease of the heart; and one from dropsy.

Of the patients who died, seventeen were admitted for mania; ten, for melancholia; and nineteen, for dementia.

Of those who died, three were in the house less than one week; ten, less than one month; eight, were less than three months; seven, between three and six months; three, between six months and one year; and fifteen for more than one year. Of these last, one had been in the hospital more than fourteen years; another, more than thirty-one; and one nearly fifty-seven years.

STATISTICAL TABLES.—As usual, the statistical tables given in this report, embrace all the cases admitted into the institution since its opening, in its present location, on the first day of 1841. The cases previously treated, during nearly ninety years, in the Pennsylvania Hospital at Eighth and Pine Streets, are not included in these tables. The number of patients embraced in the tables given in this report, is 6899, and the period of observation is thirty-four years.

Every year, with its steadily increasing numbers, adds to the value of these tables. Although fully aware of the various sources of error and uncertainty in many statistical records, still, it has always seemed to me, that there can be no question, but that

there are so many facts that can be accurately tabulated, that the careful preparation of statistics should never be omitted, and that their publication can hardly fail to be useful to those engaged in philosophical inquiries on the subject of insanity and the care of the insane.

At some future day, it may be interesting and instructive to review the facts detailed in these tables, and to point out some of the practical suggestions, which naturally arise from them.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	3679	3220	6899
Discharges	3475	3008	6483
Remain	204	212	416

TABLE II.—*Showing the ages of 6899 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	262	204	466
Between 10 and 15	10	18	28	“ 55 and 60	170	132	302
“ 15 and 20	191	185	376	“ 60 and 65	133	110	243
“ 20 and 25	528	444	972	“ 65 and 70	64	75	139
“ 25 and 30	535	512	1047	“ 70 and 75	59	57	116
“ 30 and 35	482	437	919	“ 75 and 80	26	16	42
“ 35 and 40	502	395	897	“ 80 and 85	5	9	14
“ 40 and 45	374	365	739	“ 85 and 90	1	—	1
“ 45 and 50	335	257	592	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 3679 male patients.*

Farmers	427	Hairdressers	2
Merchants	360	Police Officers	10
Clerks	359	Machinists	75
Physicians	82	Plane-maker	1
Lawyers	81	Iron-masters	2
Clergymen	40	Weavers	35
Masons	27	Bricklayers	15
Umbrella-makers	6	Brick-makers	5
Printers	37	Sail-makers	7
Teachers	47	Coopers	4
Officers of the Army	10	Jewellers	19
“ “ Navy	16	Potters	2
Students	71	Chair and Cabinet makers	40
“ of Medicine	16	Blacksmiths	43
“ of Law	9	Watchmakers	10
“ of Divinity	10	Hotel Keepers	48
Saddlers	16	Second-hand dealers	4
Peddlers	17	Cap Manufacturer	1
Tobacconists	27	Locksmiths	3
Carpenters	126	Millers	16
Bakers	19	Glassblowers	3
Seamen and Watermen	64	Wheelwrights	8
Planters	32	Gardeners	20
Manufacturers	76	Chemists	5
Coachmen	8	Print Cutters	2
Druggists	34	Curriers	2
Laborers	273	Tailors	47
Engineers	21	Shoemakers	99
Plasterers	18	Brokers	11
Bank Officer	1	Waiter	1
Conveyancers	8	Stove-makers	3
Bookbinders	13	Dentists	3
Hatters	9	Victuallers	18
Rope-makers	3	Soldiers U. S. A.	19
Tinmen	21	Brewers	3
Painters	32	Coach-trimmers	2
Brush-makers	2	Auctioneers	2
Paper-hangers	2	Plumbers	6
Boat-builder	1	Type Founders	3
Carvers	4	Telegraph Operators	4
Confectioners	13	Whip-maker	1
Coach-makers	9	Silversmiths	3
Public Officers	6	Photographer	1
Shipwrights	2	Wire-worker	1
Collectors	2	Upholsterers	4
Nurses	2	Drovers	5
Soap-maker	1	Brass Founder	1
Contractors	5	Pattern-maker	1
Authors	4	Comb-maker	1
Editors	4	Grocers	4
Railroad Conductor	1	Cigar-maker	1
Apprentices	3	Glove-maker	1
Musicians	4	Errand boys	3
Coppersmith	1	Engraver	1
Tanners	6	Electrician	1
Artists	23	No occupation	536

TABLE IV.—Showing the occupation of 3220 female patients.

Seamstresses or Mantua-makers	302	Daughters of Saddler	1
Storekeepers	27	“ Coach-makers	4
Attendants in stores	26	“ Contractor	1
Cigar-makers	3	“ Tinman	1
Teachers	89	“ Mason	1
Domestics	300	“ Hatter	1
Nurses	26	“ Publisher	1
Artists	5	Of the Married similarly situated, were—	
Factory Girls	14	Wives of Clerks	88
Physician	1	“ Teachers	21
Sister of Charity	1	“ Farmers	242
Clerks	5	“ Brass Founders	4
Actress	1	“ Gardeners	6
School Girls	3	“ Saddlers	5
Hairdresser	1	“ Printers	8
Of the Single females, not pursuing a regular occupation, were—		“ Machinists	37
Daughters of Farmers	149	“ Masons	5
“ Merchants	189	“ Painters	3
“ Masons	4	“ Stage Owners	2
“ Bank Officers	7	“ Cutler	1
“ Weavers	19	“ Bank Officers	12
“ Laborers	25	“ Innkeepers	36
“ Sea Captains	5	“ Bookbinders	3
“ Auctioneer	1	“ Tinmen	4
“ Innkeepers	9	“ Editors	6
“ Teachers	13	“ Plasterers	4
“ Carpenters	15	“ Engineers	17
“ Paper-makers	2	“ Artists	11
“ Physicians	15	“ Bricklayers	2
“ Planters	33	“ Paper-makers	2
“ Watchmaker	1	“ Collectors	5
“ Curriers	3	“ Brick-makers	6
“ Clerks	35	“ Seamen	13
“ Engineers	2	“ Merchants	211
“ Clergymen	24	“ Physicians	19
“ Miller	1	“ Lawyers & Judges	47
“ Public Officers	22	“ Shoemakers	39
“ Officers of Army	2	“ Hatters	6
“ “ Navy	1	“ Cabinet-makers	20
“ Lawyers	28	“ Laborers	187
“ Machinists	7	“ Grocers	8
“ Bricklayers	2	“ Clergymen	30
“ Chair-makers	2	“ Tobacconists	9
“ Manufacturers	14	“ Weavers	15
“ Tailors	8	“ Sea Captains	4
“ Waterman	1	“ Victuallers	11
“ Bakers	4	“ Brush-makers	2
“ Printers	7	“ Tailors	23
“ Shoemakers	5	“ Millers	9
“ Druggists	3	“ Police Officers	10
“ Artists	3	“ Carpenters	47
“ Brick-maker	1	“ Druggists	15
“ Blacksmiths	2	“ Planters	13
“ Musician	1	“ Peddlers	7
“ Dentists	4	“ Manufacturers	59
“ Victualler	1	“ Broker	1
		“ Tanners	12

TABLE IV.—*Continued.*

<i>Wives</i> of Officers of Army .	9	<i>Widows</i> of Coopers .	3
“ “ Navy .	3	“ Laborers .	39
“ Plumbers .	3	“ Manufacturers .	15
“ Blacksmiths .	11	“ Lawyers .	5
“ Bakers .	4	“ Carpenters .	7
“ Waiter .	1	“ Clerks .	15
“ Confectioners .	3	“ Tanners .	2
“ Hairdressers .	2	“ Teachers .	2
“ Contractors .	5	“ Planters .	6
“ R. R. Conductors .	5	“ Bricklayers .	2
“ Dentists .	5	“ Painters .	2
“ Watchmakers .	5	“ Seamen .	7
“ Public Officers .	6	“ Engravers .	2
“ Brewers .	2	“ Engineers .	5
“ Optician .	1	“ Machinists .	6
“ Iron-master .	1	“ Masons .	2
		“ Printer .	1
Of the <i>Widows</i> similarly situated, were—		“ Blacksmiths .	2
<i>Widows</i> of Merchants .	61	“ Bakers .	2
“ Physicians .	15	“ Druggists .	2
“ Public Officers .	11	“ Musician .	1
“ Sea Captains .	7	“ Interpreter .	1
“ Hotel Keepers .	6	“ Tailor .	1
“ Shoemakers .	23	“ Dentist .	1
“ Clergymen .	5	“ Tinman .	1
“ Farmers .	61	“ Confectioner .	1
		“ Silversmith .	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 6899 patients.*

	Males.	Females.	Total.
Single	1827	1347	3174
Married	1668	1479	3147
Widows	—	394	394
Widowers	184	—	184

TABLE VI.—*Showing the nativity of 6899 patients.*

Natives of Pennsylvania .	3699	Natives of France . .	25
“ New Jersey .	332	“ England . .	285
“ Delaware .	154	“ Scotland . .	42
“ Maryland .	199	“ Ireland . .	860
“ Virginia .	92	“ Germany . .	375
“ North Carolina	60	“ Poland . .	8
“ South Carolina	54	“ Prussia . .	14
“ Georgia . .	28	“ Switzerland .	6
“ Alabama . .	16	“ Bermuda, W. I.	2
“ Tennessee .	23	“ Jamaica, “	2
“ Indiana . .	8	“ St. Domingo, “	4
“ Kentucky .	32	“ Barbadoes, “	4
“ D. of Columbia	18	“ Cuba, “	11
“ Maine . .	20	“ Guadaloupe, “	1
“ Massachusetts .	82	“ Martinique, “	1
“ Connecticut .	41	“ St. Croix, “	1
“ Missouri . .	14	“ St. Thomas .	2
“ Ohio . .	41	“ Isle of Madeira	1
“ New Hampshire	9	“ Isle of Man .	1
“ Louisiana .	24	“ Spain . .	2
“ Rhode Island .	12	“ Italy . .	3
“ New York .	213	“ Denmark .	3
“ Mississippi .	11	“ Holland . .	4
“ Vermont . .	6	“ Russia . .	1
“ West Virginia .	4	“ Austria . .	4
“ Michigan . .	2	“ Bavaria . .	4
“ Iowa . .	1	“ Venezuela, S. A.	1
“ Texas . .	4	“ Norway . .	1
“ Illinois . .	5	“ Japan . .	1
“ Florida . .	2	“ Costa Rica .	2
“ Sicily . .	1	“ St. Kitts . .	1
“ Nova Scotia .	2	Born at Sea . .	1
“ Canada . .	17		

TABLE VII.—*Showing the residence of 6899 patients.*

Residents of Pennsylvania .	5651	Residents of Maine . .	3
“ New Jersey .	243	“ Rhode Island .	6
“ Delaware .	137	“ New York .	154
“ Maryland .	154	“ Florida . .	3
“ Virginia . .	65	“ Wisconsin .	1
“ West Virginia .	7	“ California .	4
“ D. of Columbia	28	“ Oregon . .	1
“ North Carolina	54	“ Minnesota .	2
“ South Carolina	36	“ Kansas . .	2
“ Georgia . .	30	“ Montana . .	2
“ Alabama . .	21	“ Colorado . .	1
“ Louisiana . .	41	“ Jamaica, W. I.	2
“ Tennessee .	16	“ Barbadoes, “	4
“ Kentucky . .	22	“ Cuba, “	11
“ Arkansas . .	4	“ St. Croix, “	1
“ Mississippi .	14	“ St. Thomas, “	3
“ Vermont . .	3	“ Isl. of Madeira .	1
“ Texas . .	11	“ Germany . .	3
“ Illinois . .	17	“ Venezuela, S. A.	2
“ Michigan . .	6	“ England . .	2
“ Ohio . .	47	“ Norway . .	1
“ Indiana . .	13	“ Costa Rica .	2
“ Missouri . .	20	“ Mexico . .	1
“ Massachusetts .	19	“ Canada . .	6
“ New Hampshire	1	“ Japan . .	1
“ Iowa . .	7	“ Nova Scotia .	1
“ Connecticut .	12		

TABLE VIII.—*Showing the supposed causes of insanity in 6899 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	684	565	1249	Mortified pride	2	1	3
Intemperance	559	51	610	Celibacy	1	—	1
Loss of property	176	43	219	Anxiety for wealth	3	—	3
Dread of poverty	3	2	5	Use of opium	10	15	25
Disappointed affections	32	53	85	Use of tobacco	14	2	16
Intense study	39	13	52	Lead-poisoning	1	—	1
Domestic difficulties	47	86	133	Use of quack medicines	2	2	4
Fright	16	36	52	Puerperal state	—	270	270
Grief, loss of friends, &c.	77	256	333	Lactation too long continued	—	12	12
Intense application to business	44	10	54	Uncontrolled passion	5	7	12
Religious excitement	79	127	206	Tight lacing	—	1	1
Political excitement	14	—	14	Injuries of the head	86	6	92
Metaphysical speculations	1	—	1	Masturbation	87	2	89
Want of exercise	6	2	8	Mental anxiety	164	261	425
Engagement in duel	1	—	1	Exposure to cold	5	1	6
Disappointed expectations	10	17	27	Exposure to direct rays of the sun	65	2	67
Nostalgia	—	7	7	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	6	—	6
Want of employment	44	2	46	Old age	—	2	2
				Unascertained	1393	1365	2758

TABLE IX.—*Showing the ages at which insanity first appeared in 6899 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	15	4	19	Between 45 and 50	263	217	480
Between 10 and 15	57	63	120	“ 50 and 55	181	158	339
“ 15 and 20	355	317	672	“ 55 and 60	129	114	243
“ 20 and 25	646	580	1226	“ 60 and 65	92	70	162
“ 25 and 30	626	572	1198	“ 65 and 70	40	22	62
“ 30 and 35	443	437	880	“ 70 and 75	22	18	40
“ 35 and 40	457	334	791	“ 75 and 80	12	7	19
“ 40 and 45	339	300	639	“ 80 and 85	2	7	9

TABLE X.—*Showing the forms of disease for which 6899 patients were admitted.*

	Males.	Females	Total.
Mania	1615	1537	3152
Melancholia	832	1032	1864
Monomania	549	393	942
Dementia	669	253	922
Delirium	14	5	19

TABLE XI.—*Showing the duration of the disease at the time of admission in 6899 patients.*

	Males.	Females.	Total.
Not exceeding 3 months	1709	1793	3502
Between 3 and 6 months	291	239	530
“ 6 months and one year	456	354	810
“ 1 and 2 years	475	325	800
“ 2 and 3 “	240	144	384
“ 3 and 4 “	131	88	219
“ 4 and 5 “	85	56	141
“ 5 and 10 “	150	116	266
“ 10 and 15 “	61	47	108
“ 15 and 20 “	28	27	55
“ 20 and 25 “	26	14	40
“ 25 and 30 “	12	10	22
“ 30 and 35 “	7	4	11
“ 35 and 40 “	4	—	4
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 6899 cases.*

	M.	F.	T.		M.	F.	T.
First attack	2702	2275	4977	In the periodical cases,			
Second “	549	563	1112	10th 6 m. 6 f., 11th 3 m. 4 f. .	9	10	19
Third “	179	192	371	12th 3 m. 3 f., 13th 1 m. 2 f. .	4	5	9
Fourth “	90	78	168	14th 1 m. 3 f., 15th 1 m. 1 f. .	2	4	6
Fifth “	46	46	92	16th 1 m., 17th 2 m.	3	—	3
Sixth “	55	15	70	18th 4 m., 19th 2 m.	6	—	6
Seventh “	17	6	23	20th and 21st each 1 m. and 1 f. .	2	2	4
Eighth “	9	8	17	22d 1 m., and to 26th each 1 f. .	1	5	6
Ninth “	5	4	9	27th 2 f., 29th 1 f.	—	3	3
				30th, 31st, 32d, 33d, each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of 6483 patients, who have been discharged or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia,	Monomania.	Dementia.	Delirium.
Cured	1627	1585	3212	1812	878	434	86	2
Much improved	211	322	533	227	198	79	29	—
Improved	596	482	1078	388	312	186	192	—
Stationary	548	261	809	259	181	112	256	1
Died	493	358	851	369	176	38	252	16

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions	Discharges.	Cures.	Deaths.
1st month	556	554	234	81
2d "	512	384	193	56
3d "	590	495	241	69
4th "	678	500	238	79
5th "	686	583	284	81
6th "	670	555	273	52
7th "	583	613	306	79
8th "	540	579	293	85
9th "	535	574	299	77
10th "	545	575	302	64
11th "	505	540	267	60
12th "	499	531	282	68

EVENING ENTERTAINMENTS, OCCUPATION, AND AMUSEMENTS OF THE PATIENTS.—The necessity for entertaining and amusing the patients of a hospital for the insane, and giving them suitable varieties of occupation—no matter what is the character of the institution—is now generally conceded. For the day time, reasonably good arrangements are commonly made for effecting these objects, but there is a long period in the evening—often amounting to several hours—when out-door pursuits are suspended, and when, without carefully systematized arrangements, the patients go through a dreary period of monotonous and unprofitable existence, for which there is really no necessity. If it is desirable to correct this state of things for one evening of the week, it is equally so for every other. It is no more difficult to make these evening entertainments a daily provision, allowing nothing to interfere with their regular performance, than it is to provide for the numberless other needs that come

up at stated intervals in the daily routine of hospital life. That this can be done, where its importance is thoroughly appreciated, and without any great difficulty, we now know from having had six years' experience at one department of this institution, and nearly as much at the other. During this period, at one house, not a single evening has been allowed to pass without having some regular form of occupation—a reading, concert, lecture, or other entertainment for the patients, in which a large proportion of the entire number have been able to participate—during nine months, of every twelve, and for three or four evenings of each week during the continuance of the three warmest months, which last, are regarded as a kind of vacation. Almost the same has been done at the other department. When this has once become a part of the daily routine of an institution, all difficulty has passed; and even where the force regularly employed is inadequate, it is surprising how little additional assistance is required to carry out the plan thoroughly and efficiently. A single individual, in any hospital, would be amply sufficient to secure the realization of the full scheme suggested, and, with these duties, he would still have much time to devote to useful intercourse with the patients. Although, with suitable effort, much important assistance can be easily obtained from persons disconnected with an institution, thus adding to the interest and variety of the entertainments, still it is desirable to be able to do all that is required, without any reliance on this kind of aid, valuable as we all recognize it to be. It is pleasant to learn from the reports of American

and foreign institutions of last year, and from other sources, that other hospitals not only appreciate the importance of this plan, but have found no difficulty in carrying it out to the full extent already suggested. Where it is once thoroughly tried, it is not likely ever to be abandoned.

It is a great mistake to suppose that all these provisions for occupation and entertainment are desirable only for institutions of the highest order. There is no hospital for the insane, whether State or municipal, in which they are not equally important. In making out the estimates for the provision or support of any of these institutions, a liberal allowance should always be made for suitable rooms for these purposes, for books and papers, for inexpensive pictures for the walls, for daily occupations, and for evening amusements in all their variety; and most assuredly, no part of the expenditures—although this may do its work ever so quietly—will more certainly contribute to the happiness and improved condition of the patients, or tend more to elevate the character of an institution, giving abundant returns for all the money thus appropriated. These are a part of the varied means which are sure to aid in the restoration of those who are curable, in securing the comfort and happiness of those who are not likely to be restored to health, and the quiet and good order of the household.

The variety of occupations, amusements, and evening entertainments here, has not varied materially from what was so fully detailed in the reports of the last and previous years. Lectures, concerts, read-

ings, exhibitions of dissolving views, gymnastic exercises, tea parties, and games of almost every kind, are among those prominent for the evening; while labor on the grounds and in the gardens, the cultivation of vegetables and flowers, mechanical occupations, walking and riding, visits to objects of interest, base-ball, cricket, croquet, billiards, bagatelle, and bowling, play an equally important part in what is done during the day. Work of some kind, light and varied, as it is desirable that it should generally be in a hospital, but yet, work, continues to be the best and most useful means of passing the day time for most of those who are insane, as it is for nearly every other class, for nearly every age, and for the gentler just as well as for the sterner sex.

In connection with our evening arrangements, special mention should be made of a course of admirable readings, extended through nearly every week in the year, for which we have been indebted, as on many previous occasions, to a gentleman who, with all his other engagements, has found time to do this voluntary service, which has been specially appreciated by a large portion of the entire household, and for which we feel under great obligations; as we do to the many ladies and gentlemen who have so often delighted the patients by entertainments in no other way accessible to them.

I have spoken, in other reports, of the great value which the Fairmount Park already is to the inmates of this Institution, as well as to every class of citizens. Its proximity to both Hospitals makes it easily accessible, and its splendid roads at all seasons, and

its magnificent views, are so varied and extensive that it is a never-ending resource to those who ride or walk within its borders. The preparation of the buildings for the great Centennial of 1876, already adds to the attractions of the Park, and every day brings some new object of interest. During the next two years, the Park and the Centennial Exposition are sure to be among the best and most agreeable means of passing no small portion of the time, of quite a large number of our patients.

IMPROVEMENTS.—Among the improvements made during the year may be mentioned the introduction of a telegraphic printing apparatus between the two departments, and of a Morse apparatus between each hospital and the telegraphic centre at Third and Chestnut Streets, in the city of Philadelphia, thus communicating with all the local telegraphs, and with those to every section of the country. The first is a part of the original plan, when it was decided to make a complete separation of the sexes, and has been postponed only on account of the continual existence of what seemed to be more urgent wants. The latter greatly facilitates the prompt transmission and reception of messages to and from all parts of the country. In addition to the ordinary uses of the telegraph, we now have correct time at both departments, from the National Observatory at Washington, every day at noon.

A neat summer-house has been placed on the mound opposite the pond, and from which will be an opportunity of witnessing, at a suitable distance, the

active scenes passing on the thoroughfare, which is in full view. This mound was originally prepared, many years ago, that it might have placed on it a very ornamental structure, to be paid for by a good friend of the Hospital, but whose unexpected death prevented his carrying out his generous intentions.

The fence, around what was formerly the Deer Park, has been replaced by one that is much more sightly, and equally serviceable for the purpose for which that part of the grounds is now used.

An inexpensive addition to the building for carriages has been put up during the year at each department.

A covered way, leading from the South Fisher Ward to the dining-room of the Sixth Ward, has recently been completed. This enables communication between the South Fisher Ward and the centre building to be made at all seasons without exposure, or passing through other wards.

A large number of very fine photographic pictures have been placed on the walls at the Department for Males. These were selected by one of the officers while in Europe, and were mainly paid for from the donations of friends of the Hospital.

MUNICIPAL IMPROVEMENTS.—These great works in our immediate neighborhood have been steadily progressing during the year. A large amount of the heavy grading, curbing, and paving on Market Street has been completed and paid for. During the year just commencing, the Hospital will be involved in a still larger expenditure for rebuilding a portion

of the boundary wall of the Department for Females, on Market Street, for filling up the low ground between the two buildings, and for paving the footways the whole distance from Forty-third to Forty-ninth Streets. The filling up of Market Street, opposite Forty-seventh Street—making it as high as the top of the wall at that place—involved an expenditure of \$12,054.45 for putting in culverts, laying water pipe, paving and curbing, and for strengthening and rebuilding a portion of the boundary wall at the Department for Males.

The obstructions placed in the course of Mill Creek at and below Market Street, and connected with these municipal improvements, have subjected the neighborhood to considerable inconvenience and annoyance, and are of a character that makes it exceedingly important that the public authorities should have them removed at the earliest possible day. The same may be said in regard to the state of the drainage east of the Hospital wall, a nuisance, which can be remedied only by the proposed culvert from Haverford and Forty-second Streets to some point below Market Street, and which involves the proper sanitary condition of that entire neighborhood.

ACKNOWLEDGMENTS.—As in every previous year, I have pleasure in acknowledging the many evidences of remembrance we have received from our friends, who have taken a special interest in adding to our means of promoting the happiness and best interests of our household. To Mrs. Sarah T. Cur-

tis we are indebted for a donation of \$200 for the benefit of the Hospital; to Mrs. E. Hayward for \$100; to Jacob P. Jones for \$125; to Joseph C. Turnpenny for \$125; to Wistar Morris for \$50; to John E. Carter for \$100 for books; to John Robbins, Jr., for \$50; to J. J. Thompson for \$25; to Irwin Budd for \$25; to Thomas H. Powers for \$25; to L. S. Curtis for \$25; to Mrs. Budd for \$20; to Wm. Blanchard for \$10; to Mrs. Charles Wood, for \$10; to Mr. Howard for \$5; and to R. B. for \$5; most of these contributions being for the amusements, or for the increase of the library, or for pictures for the walls. To Elizabeth Farnum we are indebted for a carriage; to Samuel Welsh for a carriage; to John J. Thompson for a pony phaeton; to Mrs. Isaac P. Morris for a carriage; to Mahlon S. Kirkbride for a horse; to Joseph B. Townsend for a piano; to Henry Bentley for deduction from cost of telegraphic instruments; to S. Welsh for tickets to Zoological Garden; to the Friends' Association for books; to Dr. Joseph J. Kirkbride for books and periodicals; to Francis Wells for an extended series of readings; to Dr. Robert P. Harris for several lectures; to Dr. J. V. C. Smith for a lecture; to C. Ingersoll for books and periodicals; to Wistar Morris for illustrated papers; to Tracy E. Knapp, W. P. Tatham, and Wm. B. Zeiber for books and periodicals; to Dr. Daniel Howell for a lecture; to Mr. Howard for a lecture; to Mr. Duane for a lecture; to Professor Barker for a reading; to R. Engelke & Co. for entertainments; to Sylvester J. Megargee for fruit for the patients; to

Dr. Isaac Ray for a framed picture; to A. J. Derbyshire for framed pictures; to the Knickerbocker Ice Company for deduction from bill; to C. B. Mench & Co. for an easel; to C. W. A. Trumpler for a lot of music; and to the following ladies and gentlemen and their friends for concerts, of which the number during the year has been unusually large, viz., Misses Provost, Miss Jane Cassidy, Miss Wilhelm, Mrs. Harkness, Miss Lane, Miss Lamb, Mrs. Schimpf, Miss M'Cartney, Mrs. Behrens, Mrs. Hart, Miss Hart, Mr. and Mrs. Paris, Mr. and Mrs. Knorr, Miss Holmes, Miss Kern, Miss Gobert, Miss Fithian, Mrs. Roberts, Professor W. G. Stoll, Mr. Meyer, Mr. Law, Dr. B. L. Ray, Dr. Stryker, Dr. J. G. Maxwell, Professor Denning, Dr. Thomas, Mr. H. Budd, Mr. Thomas, Dr. Register, Dr. Osgood, and Mr. Conner. To Signor Blitz we are indebted for two entertainments; to J. F. Eppelsheimer for leather belting; to J. S. Williams & Co. for deduction from bill; to Curwen Stoddard for stuffed birds; to Smith & Campion for a handsome lambrequin for large window in the main hall; to Edward L. Wilson for the use of a very large number of photographic pictures; to the publishers of the "Philadelphia Evening Bulletin," of the "City Item," of the "New York Evening Mail," of the "Commercial List," of the "Sunday Times," and of the "Phoenixville Messenger," for copies of their papers; to Grant & Ferris, George H. Stuart, William Ray, Miss Wright, and Wanamaker & Brown for various periodicals; and to James W. Queen & Co. and W. Mitchell McAllister we con-

tinue to be indebted for their great liberality in adding to the interest of our evening entertainments.

No change has occurred among the officers of the Hospital during the past year. Dr. S. Preston Jones continues, very efficiently, in the immediate charge of the Department for Males, as he has been, since its opening in 1859, and in the performance of these responsible duties he has had the continued assistance of Dr. William H. Bartles. George Jones remains as Steward, and Hannah Sager as House-keeper. At the Department for Females, Dr. William P. Moon is Assistant Physician, Joseph Jones is Steward, and Anne Jones, Matron.

To all who have been named, especially, and to all others in every department of duty that has brought them in contact with the inmates of the Hospital, it is a source of great satisfaction to be able to express my sense of obligation for everything they have done, in any way, to promote the happiness and best interests of the patients. The best reward for such labors is often the consciousness of a high and sacred duty having been faithfully and usefully performed, and thus performed, it never fails to be productive of good to others.

RECEIPTS AND EXPENDITURES.—The following abstracts of the receipts and expenditures at each department of this hospital, during the year 1874, have been transcribed from the books, by the Stewards of the Institution, viz. :—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds	\$24,042 57
Household expenses	46,843 44
Furniture	6,448 49
Lights	2,407 17
Fuel	7,840 38
Garden, grounds, live stock, and carriages	1,686 55
Grain and feed for stock	947 48
Repairs and improvements	4,257 84
Medicines	1,709 54
Amusement of patients	511 82
Stationery and printing	563 65
Library	259 15
Miscellaneous	490 00
Municipal improvements on Market St.:—	
Culvert	1,965 00
Water pipe	1,310 00
Paving and curbing	6,775 16
Rebuilding wall	2,004 29
<hr/>	
Total expenditures	\$110,062 53
Net receipts	108,607 22
Average number of patients	210
“ “ free patients	15
Amount expended in 1874 on free patients	\$7,810 40

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds	\$24,177 66
Household expenses	40,576 26
Furniture	4,121 16
Lights	2,276 74
Fuel	6,634 18
Garden, grounds, live stock, and carriages	2,085 99
Grain and feed for stock	2,588 56
Repairs and improvements	9,412 78
Medicines	935 95
Amusement of patients	909 47
Stationery and printing	659 93
Library	127 04
Miscellaneous	203 57
Heating, ventilation, and introduction of gas and water into North Fisher Ward	6,832 51
Furniture for North Fisher Ward	1,966 08
Water pipe on Market Street	727 50
Total expenditures	\$104,235 38
Net receipts	99,238 83
Average number of patients	213
“ “ free patients	31
Amount expended in 1874 on free patients	\$15,170 16

From these statements, it will be seen, that the extraordinary expenses of the last year, at both departments, have been unusually large. At the Department for Males, for the municipal improvements on Market Street, and at the Department for Females, for payments on account of heating, ven-

tilating, and furnishing the North Fisher Ward and putting in its gas and water fixtures.

The average number of free patients receiving the benefit of the hospital, was much larger than last year, and the amount expended on this class in 1874 was \$22,980 56.

HEATING, VENTILATION, AND CONSTRUCTION OF HOSPITALS.—The last report contained a detailed account of the heating, ventilating, and other arrangements of the north Fisher ward, then recently completed; but sufficient time had not elapsed to speak with entire confidence of the practical working of these important parts of this addition to our accommodations. It is now gratifying to be able to state that, thus far, everything has proved eminently satisfactory. The heating and ventilation seem to be all that we could desire, and while these subjects, so intimately connected that they ought to be regarded as one, continue to furnish matter for scientific and professional discussion nearly everywhere, our additional observations here only tend to confirm the conclusions, which the experience of this institution led to many years since, and in connection with which, nothing has occurred to make us desire any essential change. In view of the lamentable failures in regard to the heating and ventilating of buildings that frequently occur, it is a very natural subject for inquiry, why such results should happen in one place, while in others there is found nothing to complain of. Every one acknowledges that the most expensive buildings, and the

costliest fixtures and arrangements are not always the best, and yet it must be conceded that the failures in the matter to which reference has just been made, come, most frequently, from an unwillingness to expend money enough to secure a thoroughly efficient arrangement. What is here called economy is a false one; it is really extravagance, for it does not effect the object in view, and is sure to lead to new experiments and larger expenditures, if not to other failures. In the matter of heat, the failure generally comes from abortive attempts to get more out of the fuel than is in it; and in that of ventilation, from a want of appreciation that all ventilation is loss of heat, and from an unwillingness to use enough of the heat obtained, to secure it efficiently.

What is mainly necessary to secure success in heating and ventilation, is the recognition of a few well-established principles. Among these may be regarded as especially important, insisting on the use of steam or hot water as the agent for these purposes, of an abundance of radiating surface for both heat and ventilation, a bountiful supply of pure air at a moderate temperature, direct flues, a willingness to use all the heat that is necessary for the most perfect ventilation, either directly or indirectly, and to feel that it is really economy to do this, no matter what may be the cost, a belief that all ventilation to be worthy of the name must be forced, and that a forced ventilation is just as necessary in summer as in winter, in one season as in another, and by night as much as by day.

It is quite possible to expect too much from any system of ventilation. There are certain causes of unpleasant odors that no system of ventilation can prevent acting at limited distances, and to remove which a certain time is required, but the steady change of air, the substitution of pure for impure air, is readily obtained, and with absolute certainty, independent of doors and windows, the force or direction of the wind, or thermometric or hygrometric conditions of the atmosphere.

These discussions in regard to heating and ventilation, very naturally and properly, are connected with those in reference to construction. If this were always the case, there would not be seen, as has been witnessed even recently, large and costly structures with their cellar walls up, and the buildings fairly in progress, without the mode of heating and ventilation having been decided on. It is scarcely necessary to say, that not a spade should be put into the ground, before the plans for both heating and ventilation are thoroughly matured, and that many of the interior arrangements can hardly fail to be, to a greater or less extent, dependent on them. The cellar really is one of the most important parts of any building—and no building can with propriety be without a cellar—for in it are to be placed the most essential arrangements in regard to heating and ventilation. It is difficult to conceive of any efficient system of heating and ventilation that dispenses with a cellar or basement and an attic. In the former should be all the main air-passages, the radiating fixtures, the commencement of the flues, and the power that regulates the movement

of the air, and makes the whole plan effective; and in the latter, should be the arrangements for carrying off the impure air from the wards below. Where heating only is desired, it is a very simple matter, but it is generally just as unhealthy as it is simple. So any ventilation that is not forced, really cannot be regarded as worthy of the name. Ventilation may be secured by the direct use of heat, or by a fan, the latter being now generally preferred by those who have paid most attention to the subject. The first cost of the engine and fan is, in most instances, what prevents its universal adoption. Its subsequent use is quite as economical as any other arrangement, that can at all compare with it in efficiency. Fuel must be burnt in any case, to give the power, and what is required to furnish the power to drive the fan, is certainly no more than is necessary, to secure the same amount of ventilation by means of a heated chimney stack. To have proper ventilation, the temperature of the air that is introduced must be properly regulated, according to the seasons, and the fan may be made to determine, with certainty, the amount that is to be used.

At certain seasons it is well to get all the advantage we can from a natural ventilation, but it is a most unreliable agency. The openings for the ingress and egress of air, that are always seen in the walls or ceilings, when without a controlling power, are comparatively useless. Indeed they often seem to be simply a means of making careless observers labor under the delusion, that a proper ventilation is going on, while, in reality, the air is about as likely to

be moving in the wrong as the right direction, or, what is often quite as annoying, to be going in neither direction. Medical men, above all others, have reason to estimate highly the efforts of nature, but in the matter of the ventilation of hospitals, the unassisted efforts of nature are lamentably inefficient. The fact that forced ventilation—especially by the use of fans—is adopted much more in hospitals for the insane, than in any other class of hospitals, or in other public buildings, has been recently recognized and dwelt upon, by an able writer in one of our oldest and best medical journals. This may fairly be accepted, as not a little complimentary to those controlling these institutions, and so thoroughly do sound principles in regard to heating and ventilation prevail among those interested in the care of the insane, that it is safe to say that no hospital of this kind is likely hereafter to be erected, without ample provision being made for its forced ventilation. In Pennsylvania, as elsewhere, this is the case, and the fan is the mode already adopted in nearly every hospital in the Commonwealth.

As the attempt to secure a reliable heating and ventilating apparatus without a sufficient expenditure of money, as previously suggested, is liable to lead to disappointment and unsatisfactory results, so the tendency of the day, which seems to be to encourage the erection of what are called cheap structures, and those that are temporary in their character, it is feared, will not be found to meet the expectations of their projectors. Much of this tendency is unquestionably due to the success, which

attended the use of temporary wooden buildings during the war of the rebellion; but as has been well said, by high authority, it is not fair to attribute the success of these hospitals, either to their cheap or their temporary character. They were simply a necessity of the times. Located in the most healthful country sites that could be found, with the very best material for patients, they had too, very generally, the advantage of thorough and complete control, by highly cultivated officers, prepared to bring to their tasks, all the skill and science which the times afforded. Between them, therefore, and ordinary city hospitals there is little that can fairly be compared. So far as ordinary hospitals for the sick, and for the use of the army and navy are concerned, it is quite safe to leave the discussion of the subject to the able men who are now taking an active interest in it. The subject is here referred to, only because it has recently been suggested in influential quarters, that the same system of inexpensive and even temporary wooden structures should, in certain localities and for some classes of the insane, be substituted for the complete hospitals, recommended by the Association of Superintendents, and that we should ask, not for what is best, but for what is only better than something that is much worse. It is quite safe for any one who enters upon this discussion, to begin by insisting upon what may safely be regarded as well-settled axioms—that no hospital too good, or too complete in its arrangements, for the care and treatment of the insane, has yet been provided; and that the best-constructed, best-ar-

ranged, and best-managed hospital is always cheapest in the end. There are examples all over the country that prove conclusively, that a small expenditure in the erection of a hospital is no evidence of its having been provided economically. From the first day of their occupation the expenditures for repairs, alterations, and improvements on such buildings often begin, and, once started, they seem to be never ending; while at the close of a dozen years, the amount thus expended, added to the original outlay, will make them take rank with the most expensive hospitals.

While saying this, most emphatically, I would not less earnestly protest against all extravagance, all useless ornamentation, and everything that is not likely to be of use to the patients. Whatever will be of any real value to the patients, the hospital should possess, almost without regard to cost. This is a wise and liberal economy, while leaving a hospital without anything that is known to be useful to the patients may be extravagance, although much less money is expended than for the complete institution.

It is not intended here to arraign any one for expending too much money in providing accommodations for the insane, but it is obvious to those who have most earnestly looked into the subject, that there is just now a tendency, in some influential quarters, to go to the other extreme—to take as models, buildings certainly not of a high order of hospital architecture, and to limit the cost of future structures to what has been expended on these,

without inquiring sufficiently, whether the diminished cost is not counterbalanced by, and is not in a direct ratio to, the increased inefficiency. It must be remembered, too, that additions can always be made at much less—probably about one-half—the cost per patient, of the original hospital, and that if the patients are lodged in associated dormitories—which is not to be recommended—instead of single rooms, the expense is still more diminished. The first cost of a hospital does not always indicate whether it is an economical or an extravagant structure. As said before, there seems to be a growing willingness to accept what will answer, rather than to insist on what is best. It is to be hoped that those in authority, and the people, the source of all authority, will only be satisfied with what is best. How to procure all this, at least cost, is a fair problem for study and solution.

It may fairly be doubted whether it is the best mode of proceeding, when about to build a hospital, to say exactly how much it shall cost, for this can scarcely be done even when the most particular contracts are made, and may result in bad work and imperfect arrangements, in order to come within the prescribed limit. It is more likely to secure the object in view, to insist on the plan on which it shall be built, and what fixtures and arrangements it shall have, and then to see that everything is done in the best manner, but, at the same time, with the strictest economy.

So in regard to the support of hospitals for the insane, it will be a sad day for these institutions,

and still sadder for the patients in them, when the rivalry of hospitals and their officers shall be, rather to discover for how little their inmates can be kept, than to secure what is best, and most thoroughly promotes the great objects for which they were established.

It has been said that one-storied buildings are most desirable for all hospitals, but I presume that few who are familiar with the subject, will deny that the second story is commonly preferred by patients and others, on account of its more extended views and its being brighter and airier, as well as more private. As the cellar and roof are both necessary for the one-storied buildings, the second story involves, comparatively, but a small proportion of the aggregate cost, and in any ordinary hospital there are always patients who have no objection to going up and down a single flight of stairs, or even an additional one. The modes recently adopted for making hospital buildings fire-proof, involve so little additional expense — certainly not more than twenty-five per cent.—and where there are similarly guarded and detached stairways, secure so complete a separation between the stories, that there can be no objection to one ward being directly over the other. Access to second stories is easy or difficult, very much according to the construction of the stairways. In hospitals they should always have risers of very moderate height, few steps without a platform, hand-rails, and be made of materials that do not become slippery from use.

There is only one class of patients in hospitals for the insane for whom one-storied buildings are very desirable, but this arises from their mental rather than their physical condition, and not on account of a second story being less healthful.

In regard to the propriety of making hospitals temporary in their character, it may well be doubted whether the experience of any well-managed institution fairly justifies an affirmative conclusion.

Hospitals, more than other buildings, require the utmost daily vigilance to keep them in the condition in which they should always be found. This can be done, however, and when it is, there is undoubted evidence that a hospital may be in as good sanitary condition, at the end of a century, as it was at the close of the first decade of its existence. Where it is very different from this, there is fair reason to suspect that there has, at some time, been a deficiency of sanitary vigilance and the best management. Recent reliable statistics of hospitals for the sick, where all crowding—one of the greatest sources of danger—has been carefully avoided, seem to prove this conclusively.

The number of cases—and there are such, now and then, in hospitals for the insane, as in those for the ordinary sick—where a strictly temporary structure is desirable, is so small—probably not more than one or two per cent. of the cases treated—that this provision is hardly worth taking into account, when preparing plans for a building.

Our climate requires that hospital buildings should be well constructed, and made so as to protect the

patients from great atmospheric changes, and yet without any interference with their perfect ventilation. Temporary structures will hardly do this. When once provided, these temporary buildings and arrangements are pretty sure to continue to be used long after the period for which they were originally intended, on account of the expense of providing new ones.

Permanent hospitals, which have so many advantages, may, whenever desired, be made quite equal to new ones, by a process comparatively inexpensive, and which has the value of being tested by experience, having years ago, been successfully adopted in one of the oldest institutions in the country. The walls, exterior and interior, the divisions between the stories, the cellars and roofs, all the costly heating, ventilating, water, and gas arrangements require no material changes. Let all the plastering of the walls and ceilings be taken off, and replaced by the best hard finish, and all the floors renewed by the use of thoroughly seasoned narrow yellow pine boards, secret nailed, and of extra thickness, and the work is completed.

This done, if it was rightly planned in the beginning, we have a hospital equal to any new one, and at very little cost; so little that the process may be repeated, whenever it is deemed desirable, although it can hardly be necessary but at long intervals.

In regard to wooden structures, the greatly increased danger of fire is sufficient to justify their rejection, and to this may be added their rapid de-

terioration and their being specially favorable as harbors for vermin.

PAST AND PRESENT OF THE INSANE. WHAT HAS BEEN DONE AND WHAT IS YET REQUIRED.—With the best motives and with a view of exciting an active and general interest in the Insane, the statements of facts in regard to their condition, are often so highly colored, that in distant places, the impression has become common, that with all the enlightened progress of the age, Pennsylvania has been doing little for this most unfortunate class of her citizens. This impression does not give a correct idea of what has been, or is now being done. It is hardly necessary at this day, to go back to the times before any hospitals were provided, or to describe the condition of the insane at that period. Nothing told in history is sadder, or excites more surprise than the truthful relations of their treatment, during a period claiming a high degree of civilization. The great ameliorations that have taken place, and especially since 1794, are among the brightest jewels in the diadem of Christian philanthropy, and offer the greatest encouragement for continued labor in the same direction.

Without referring to detailed statements of the early history of the insane in this commonwealth, it is enough now to state, that the first patient ever placed under hospital treatment in America, was admitted into the Pennsylvania Hospital, in the city of Philadelphia, on the 11th of February, 1752. For the next eighty-eight years, the increase of ac-

commodations in this State, consisted almost entirely of extensions to the Hospital just referred to, and the erection by the Society of Friends, of their Asylum near Frankford. Since 1840 much greater progress has been made, and the hospitals opened, or authorized and in course of construction, are of a much higher order. This list includes the Pennsylvania Hospital for the Insane, at Philadelphia, really two distinct hospitals, capable of accommodating 250 each, or a total of 500 patients; an extension for 50 additional patients, by the Friends' Asylum at Frankford, (both these by private contributions, without any aid from the State); the Western Pennsylvania Hospital, at Dixmont, originally a private corporation, but whose buildings have been mainly paid for by the State, and which is supported like the regular State hospitals, has provided accommodations for 400 patients; the State Hospital, at Harrisburg, for 400 patients; that at Danville for 400 patients; and that now in process of erection at Warren for at least 400 patients. This makes an aggregate of 2150 insane patients, provided for in first-class hospitals, since 1840, while with the amount of crowding usually permitted—but always to be reprobated—the number would be at least 2500.

This statement shows that our commonwealth has not been unmindful of her early principles, and the works of her first citizens. Although, not proceeding as rapidly as might be desired, she is now doing more, as a State, than ever before. And there are indications that those in authority, and her citizens generally, were never before so fully impressed

with the conviction that Pennsylvania cannot avoid, even if she wished to do so, the duty of making provision for all her insane, in the best class of hospitals, located in different sections of the State, no matter what may be the number required, or the cost of their provision. This is the only mode that will do justice to the afflicted, satisfy an enlightened humanity, and relieve the State of one of her most sacred responsibilities. What the State has been doing thus far seems to indicate, that she is not likely to go backwards in the character or finish of her hospitals. It is to be hoped, that no views of expediency or a false economy will lead her to put up any hospital, of which, when finished, her citizens will be ashamed. No State can ever be impoverished by her expenditures for such purposes, and her tax payers, so far as I know, have never complained, nor do I believe they ever will complain, of expenditures wisely made for such an object. They feel that it is a provision, of the benefits of which every one may have to claim a share, and they also recognize the fact, that those whom Providence allows to pass through life without being compelled to seek any personal advantage from it, are vastly better off and have even more cause for gratitude than those who do reap from it one of the choicest blessings of life.

There is no one portion of the insane, nor any section, that has any claims beyond those of all others. Having provided for a part, the State can only go on and provide for all, and we now know that it is not only right and a duty, but that it is also expedient

and economical to do so, at the earliest practicable period. No other work can suffer from delay, as much, certainly not more than this. No one can give better returns for what is invested in it.

LEGISLATION IN REGARD TO THE INSANE.—The most important legislation of the last winter, in reference to the insane, consisted in making the necessary appropriations for carrying on the different State Hospitals, for continuing the work on the extensions at Danville, and the prompt prosecution of that, on the new structure, since located at Warren. No one can question the propriety of all these expenditures, as indispensable for the proper care of the insane. Other acts were passed in regard to the custody of insane persons charged with or convicted of crime, and relative to the transfer of the insane from county institutions to State hospitals. From these last, as far as I can learn, no special results have come. In regard to those charged with, or convicted of crime, there was much discussion, and the act passed did not come up to the expectations of all those, who had the most practical knowledge and had taken the most interest in the welfare of the insane. The legislature itself did not appear to be entirely satisfied with what it had done, for immediately after the passage of the act just referred to, it appointed a commission “to inquire into the condition of the criminal insane of this commonwealth, and to make report to the Legislature, what is necessary to make proper provision for the insane, and should said commission report in favor of a separate institution

for the criminal insane, it shall be their duty to report a proper location, and the probable cost of such an institution."

This commission have attended to the duties of their appointment, and will report the result of their deliberations to the Legislature; and which, it is hoped, will eventuate to the entire satisfaction of all.

As a part of the history of the provision for the insane in Pennsylvania, and as showing the views of experts on the different subjects referred to, the following memorial to the last Legislature is deemed worthy of preservation, viz. :—

"The undersigned, citizens of Pennsylvania, who are, or have been, actively engaged in the care of the Insane, respectfully represent —

"That there now exists a most lamentable deficiency of accommodations for this unfortunate class, in nearly every section of the Commonwealth, and they ask of your honorable bodies, that hospitals enough for the care and treatment of all the insane in Pennsylvania, be prepared at the earliest possible time.

"Of the wisdom, humanity, and real economy of such provision there can hardly be a question. The facts proving this proposition have often been detailed, and are readily accessible to your honorable bodies.

"The course proposed will relieve the Commonwealth of the reproach of having insane men and women confined in almshouses, jails, penitentiaries, or what is worse often than either, put out of observation, neglected and inhumanly treated at their own homes, or in detached buildings near them. For all these, we ask of the public authorities, prompt and

enlightened relief, which we believe can be given only by the provision of just as many properly organized hospitals, and located in different parts of the State, as may be necessary to accomplish the object.

“Among the insane, now demanding the earnest attention of the Legislature, are those who have become so after the commission of crime, or who, for any extraordinary cause, shall have been deemed by the Courts, unfit for admission to an ordinary hospital for the insane, and are now confined in the penitentiaries and jails of the Commonwealth. For all these, we deem it the duty of the State to make provision by the erection of a hospital for their especial care and treatment, either with a distinct organization, and in a different locality, or in connection with the grounds of one or more of the State penitentiaries, and under the same government as those institutions.

“Except for those last named, the State hospitals offer the proper accommodations, but with all of these institutions crowded with patients, no more can with propriety be received; and the transfer of patients from the hospitals to the almshouses to make room for those now in the latter, offers no remedy for existing difficulties. Besides, in every section of the State, there are large numbers of excellent citizens, but with very moderate means, whose only hope of receiving treatment at all, and not becoming paupers, is to avail themselves of the wise and humane provision made by the State, enabling them to secure admission to its hospitals at the very low rate charged in them for the care of this class. No action of the

Legislature is productive of greater or more widely extended good than this. It enables the people to maintain an honorable independence, keeps them from becoming paupers, and gives them the best chance for restoration when laboring under this grievous affliction.

“In conclusion, your petitioners, as the result of an extended and varied experience among all classes of the insane, and supported as they are by nearly every one who is regarded as high authority on the subject, or has had similar opportunities for observation, do most earnestly protest against the inauguration of any system looking to a provision for insane criminals in any one of the existing State hospitals, or upon any part of the grounds of these institutions, as impolitic, unnecessary, and detrimental to the best interests of the insane.”*

CONCLUSION. — This report embraces the first thirty-four years of the Pennsylvania Hospital for the Insane. In reality it had an existence of eighty-eight years previously, occupying portions of the Pennsylvania Hospital in the city of Philadelphia, but having no separate organization. Its history here may, perhaps, be best, as it is most briefly told, by the simple statement that it has had 6899 patients under its care, that of these 3212 have been restored to society and usefulness, cured, while 1611 have left more or less improved, and 2076, which includes

* Signed by Thomas S. Kirkbride, M.D., J. H. Worthington, M.D., Isaac Ray, M.D., John Curwen, M.D., Joseph A. Reed, M.D., and S. S. Schultz, M.D.

the 416 now under care, have here found homes and protection for longer or shorter periods without regaining their health.

Everything here has been provided, and this work done without aid from city or State, or a penny added to any one's taxes. How much is embraced in this short history, those only can tell who have seen these patients and known their families and friends. The real value of the work done, none will ever know. It can be estimated only by one able to calculate the worth of the use of reason in so many minds, of the relief afforded to so many families, and of the security given to the entire community. It is hoped, too, that by precept and example, this hospital has done its share in securing for the insane a higher class of accommodations and an improved system of treatment. It is also believed that these simple statements will entirely satisfy the generous men and women whose liberal contributions have enabled it to carry out its great work, and give to others a sufficient guarantee that there is always here a wide field for the most enlarged benevolence.

With renewed gratitude to an over-ruling Providence for numberless blessings received, I again commend the Institution to your enlightened oversight, and to the generous sympathies of our whole community.

THOMAS S. KIRKBRIDE.


Pennsylvania Hospital for the Insane, }
1st mo. 1st, 1875. }

A P P E N D I X .

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

 Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, for indigent recent and supposed curable cases, only; and, judging from past experience, when thus used, will be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

a certificate of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of
 — made within one week of the date of this certificate, we find — to be insane, and a proper subject for hospital treatment.

_____, 1875. _____ M.D.

_____, 1875. _____ M.D.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and — to before me, this — of — 1875, that the signatures thereto are genuine, and that the signers are physicians of respectability.

_____ [L. S.]

APPLICATION.

I request that the above-named — may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____ 1875. _____.

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of ——— being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.†

Witness our hands the ——— day of ———, 1875.

————— [L. S.]

————— [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What have been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?

10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

THE PENNSYLVANIA HOSPITAL FOR THE INSANE,
AT PHILADELPHIA.

To answer inquiries that are constantly being made, and to remove erroneous impressions occasionally entertained, not only in regard to the character, but also the objects, of the Pennsylvania Hospital for the Insane, the following sketch of its history, etc., is republished.

HISTORY.—Established by benevolent private citizens of this commonwealth, in 1751, the Pennsylvania Hospital was chartered by the Provincial Assembly of that year, as “the Contributors to the Pennsylvania Hospital,” and from the first had two departments, its objects being declared to be “the relief of the sick poor and the reception and cure of the insane;” this being the first regular hospital provision for the insane in America. This declaration of its objects manifested a remarkable degree of good sense, for while the ordinary sick poor were to be admitted, it was fairly implied that the insane, no matter what their social position or pecuniary means, were to be received, and not simply cared for, but “cured.” Such a recognition of insanity as a curable disease, at that early day, was much more in advance of the general public sentiment than can now be well imagined.

The first patient was admitted on the 11th of February, 1752, and the second, third, fourth, and sixth patients received were insane, two paying their ex-

penses, and two being treated without charge of any kind.

The hospital, at first, was kept in a private house on the south side of Market Street above Fifth Street, formerly the residence of Judge Kinsey, and for which a yearly rent of forty pounds was paid. The eastern wing of the Pennsylvania Hospital, at Eighth and Pine Streets, was finished and opened in 1756, and in the basement of this wing the insane were taken care of till 1796, when, on the completion of the west wing, they were removed to it, and continued to occupy that portion of the hospital, till they were transferred to the new building—now “the Department for Females”—on the west side of the River Schuylkill, and which, under the title of “The Pennsylvania Hospital for the Insane,” was opened on the 1st day of 1841. This building accommodated all the insane under the care of the Institution, till its crowded state led to the erection of an entirely new structure on the same grounds, and to the subsequent separation of the sexes. So that since the opening of this last building, now “the Department for Males,” in 1859, the Pennsylvania Hospital for the Insane has consisted of two distinct departments, that for males, capable of accommodating 250 patients, and that for females,—since the erection of the two Fisher Wards,—also capable of accommodating 250 patients, both being on the same tract of 113 acres of land, lying between Market and Haverford Streets, and Forty-second and Forty-ninth Streets, in the city of Philadelphia. The buildings are about one-third of a mile apart, have

91 acres devoted to gardens and pleasure grounds, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted of every class, profession, or creed, without regard to residence, and, as far as it is able, dispenses its benefits to those from our own State, not blest with this world's goods, as freely as to those who seem to have nothing to ask for but health.

RESULTS.—While the original structure at Eighth and Pine Streets was used,—a period of ninety years,—4366 insane patients were treated there, and of these 1493 were cured, 913 discharged improved, 995 removed without improvement, 610 died, 246 eloped, mostly before the square was permanently inclosed, 97 were transferred to the new Institution, and 12 were retained in town.

The Pennsylvania Hospital for the Insane began in 1841, with 97 patients, received from the old hospital, and with accommodations for 140. It can now receive about 500 patients. Since its opening it has received 6899 patients, and of these 3212 have been restored to their friends, cured; 1611 have been discharged in various stages of improvement; 809 left without improvement; and 851 died; while at this date 416 remain under treatment, with sixteen distinct classes or wards for men, and twenty for women. Of these patients, 1483 were received without charge, and about as many more paid less than the cost of

their support. While the insane were in the old hospital, the receipts from their care so much exceeded the cost, that fully \$100,000 were added to the capital stock from this source.

HOW ACCOMPLISHED.—All the land was obtained for the sum of \$30,000, and that and the original buildings at the Department for Females were provided at a cost of about \$325,000, these funds being obtained from the sale of a portion of the vacant lots surrounding the parent hospital in the city, and which lots originally cost but \$10,000. The Department for Males was provided at a cost of \$355,000, made up entirely from the contributions of benevolent individuals, nearly all of whom were residents of Philadelphia. The two Fisher Wards were built and furnished almost entirely from a special legacy of the late Joseph Fisher, of Philadelphia. This land, on which is the Pennsylvania Hospital for the Insane, will always be much more valuable to Philadelphia, for the purposes for which it is now used, and as a reservoir of fresh air for the neighborhood, than it could possibly be if covered with buildings of any description.

Whatever the Institution has received for board and medical attendance has been expended in the care and for the benefit of the patients. Beyond its receipts from this source, it has expended on free patients and those unable to pay the entire cost of their support, in thirty-four years, \$159,996 36,*

* During the same period, the Hospital at Eighth and Pine has expended on indigent patients, from the same source, nearly \$850,000.

derived from the treasury of the corporation, or an average of \$4705 77 per annum, being, however, considerably less than the interest yielded by what the care of the insane had, previously to 1841, added to the capital stock of the corporation. The total amount expended on this class, in these thirty-four years, was \$384,472 57, or \$11,308 01 per annum.

No one connected with the Institution has any pecuniary interest in its income or in the receipts from the board of its patients.

It has never yet failed to have a weekly visit of inspection from a committee of its Board of Managers,—each serving two months at a time,—and these visits, with the regular service of its physicians and other officers, with supervisors, companions, and attendants living in the wards, constitute the system of personal superintendence for securing the greatest comfort and the best care of the patients.

It will thus be seen that all this provision for “the care and cure of the insane,” the relief of private families, and the protection of the community, and all these results, have been secured to our city and State, without any resort to the treasury of either. No one has been taxed to aid in this great work. What has been received has been given voluntarily. As insanity is a disease from which no one can claim exemption, as it differs from other maladies in requiring hospitals specially prepared for its treatment, and for which, in most cases, no amount of pecuniary aid can be a substitute, it is felt that this Institution is safe in relying, as it always has done, on the benevolence and liberality of private citizens, and

the intelligent appreciation of the community in the midst of which it does its work, for whose benefit it has ever been conducted, and who are specially fortunate in having it just where it is,—easy of access, with unusual facilities for management and for carrying out the great objects for which it was established.

ITS NEEDS.—The claimants for admission on the part of those unable to pay the full cost of their support, are constantly increasing, and are far beyond the resources of the Institution. Many of them are cases of the greatest interest and curable. It is to meet these applications, and to provide everything that will promote additional comforts, greater happiness, and give better chances of restoration for all its patients, that the Institution needs large additions to its resources, and especially a great increase of the permanent fund which has been liberally started by a few benevolent individuals.

Where free beds are established, they are for indigent recent and supposed curable cases, only; and, judging by past experience, when thus used, every such bed may be expected to be the means of restoring to reason and to society, from one to two patients in every year the Hospital shall exist.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1875.

BY THOMAS S. KIRKBRIDE, M.D.,

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA:

1876.

OFFICERS OF THE INSTITUTION.

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PHYSICIAN IN CHIEF AND SUPERINTENDENT.

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Department for Males.

ASSISTANT PHYSICIAN.

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2D ASSISTANT PHYSICIAN.

WM. H. BARTLES, M.D.

3D ASSISTANT PHYSICIAN.

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Department for Females.

ASSISTANT PHYSICIAN.

WILLIAM P. MOON, M.D.

2D ASSISTANT PHYSICIAN.

ROBERT J. HESS, M.D.

STEWARD.

JOSEPH JONES.

MATRON.

ANNE JONES.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages for any of the officers or patients may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia; but letters come more promptly through the Post-Office.

Direct Telegraph Office, No. 107 South Third Street, 2d story.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

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PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

In obedience to the By-Laws of the PENNSYLVANIA HOSPITAL FOR THE INSANE, the undersigned presents to its Board of Managers his thirty-fifth Annual Report.

At the date of the last report, there were 416 patients in the Institution; since which 268 have been admitted, and 265 have been discharged or have died, leaving 419 at the close of the year.

The total number of patients in the hospital during the year was 684. The highest number at any one time was 450; the lowest was 406; and the average number under treatment during the whole period was 430; 208 males, and 222 females.

The number of males in the hospital during the year was 356, and the number of females was 328. The highest number of males at any one time was 221, and the highest number of females 236. At the beginning of the year there were 204 males, and 212 females. At this date there are 201 males, and 218 females. The number of males admitted during the year was 152, and the number of females 116.

Of the patients discharged during the year 1875, were

	Males.	Females.	Total.
Cured	61	51	112
Much Improved . .	14	13	27
Improved	27	12	39
Stationary	29	15	44
Died	24	19	43

Of the patients discharged "cured," fifty-three were residents of the hospital not exceeding three months; thirty-one, between three and six months; twenty-three, between six months and one year; and five, for more than one year.

Of those discharged "much improved," seven were under treatment less than three months; eight, between three and six months; seven, between six months and one year; and five, for more than one year.

Of the "improved," fifteen were under care less than three months; ten, between three and six months; eight, between six months and one year; and six, for more than one year.

Of those discharged and reported "stationary," nine were under care less than three months; nine, between three and six months; ten, between six months and one year; and sixteen, for more than one year.

Twenty-four males and nineteen females have died during the year. Of these deaths, nine resulted from acute mania; four, from general paralysis; one, from acute melancholia; eight, from the exhaustion of chronic mania; four, from pulmonary consumption; three, from epilepsy; four, from paralysis; one, from

old age; two, from suicide; one, from the effects of a fall; one, from disease of the heart; three, from apoplexy; one, from inflammation of the brain; and one, from erysipelas.

Of the patients who died, nineteen were admitted for mania; ten, for melancholia; one, for monomania; and thirteen, for dementia.

Of those who died, four were in the house less than one week; nine, less than one month; five, were less than three months; three, between three and six months; nine, between six months and one year; and thirteen, for more than one year. Of these last, two had been in the hospital between twelve and fifteen years; three, between fifteen and sixteen; and one, thirty-two years.

STATISTICAL TABLES.—As usual, the statistical tables given in this report, embrace all the cases admitted into the institution since its opening, in its present location, on the first day of 1841. The cases previously treated, during nearly ninety years, in the Pennsylvania Hospital at Eighth and Pine Streets, are not included in these tables. The number of patients embraced in the tables given in this report, is 7167, and the period of observation is thirty-five years.

As has been said before, “every year, with its steadily increasing numbers, adds to the value of these tables. Although fully aware of the various sources of error and uncertainty in many statistical records, still, it has always seemed to me, that there can be no question, but that there are so many facts

which can be accurately tabulated, that the careful preparation of statistics should never be omitted, and their publication can hardly fail to be useful to those engaged in philosophical inquiries on the subject of insanity and the care of the insane." The tables originally adopted in these reports, with one or two exceptions, have been continued. They correspond mainly with the form recommended by the distinguished Chairman of the Committee on Statistics of the Association, the work of each separate year, for each table, being readily obtained by taking the difference of the aggregate for any one year, from that which preceded it.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	3831	3336	7167
Discharges	3630	3118	6748
Remain	201	218	419

TABLE II.—*Showing the ages of 7167 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	270	209	479
Between 10 and 15	10	18	28	“ 55 and 60	178	134	312
“ 15 and 20	201	191	392	“ 60 and 65	141	115	256
“ 20 and 25	545	457	1002	“ 65 and 70	71	78	149
“ 25 and 30	551	527	1078	“ 70 and 75	59	58	117
“ 30 and 35	503	449	952	“ 75 and 80	28	16	44
“ 35 and 40	524	415	939	“ 80 and 85	5	10	15
“ 40 and 45	396	380	776	“ 85 and 90	1	—	1
“ 45 and 50	346	275	621	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 3831 male patients.*

Farmers	438	Hairdressers	2
Merchants	373	Police Officers	10
Clerks	379	Machinists	81
Physicians	85	Plane-maker	1
Lawyers	85	Iron-masters	2
Clergymen	43	Weavers	36
Masons	27	Bricklayers	15
Umbrella-makers . .	6	Brick-makers	6
Printers	40	Sail-makers	7
Teachers	47	Coopers	4
Officers of the Army .	10	Jewellers	22
“ “ Navy	16	Potters	2
Students	72	Chair and Cabinet makers	40
“ of Medicine . . .	18	Blacksmiths	44
“ of Law	10	Watchmakers	10
“ of Divinity . . .	10	Hotel Keepers	51
Saddlers	16	Second-hand dealers . .	4
Peddlers	19	Cap Manufacturer . . .	1
Tobacconists	29	Locksmiths	3
Carpenters	138	Millers	18
Bakers	19	Glassblowers	3
Seamen and Watermen	64	Wheelwrights	8
Planters	32	Gardeners	22
Manufacturers	84	Chemists	5
Coachmen	8	Print Cutters	2
Druggists	37	Curriers	2
Laborers	288	Tailors	47
Engineers	21	Shoemakers	102
Plasterers	19	Brokers	12
Bank Officer	1	Waiter	1
Conveyancers	8	Stove-makers	3
Bookbinders	15	Dentists	3
Hatters	9	Victuallers	18
Rope-makers	3	Soldiers U. S. A. . . .	19
Tinmen	21	Brewers	3
Painters	33	Coach-trimmers	2
Brush-makers	2	Auctioneers	2
Paper-hangers	2	Plumbers	6
Boat-builder	1	Type Founders	3
Carvers	4	Telegraph Operators . .	4
Confectioners	14	Whip-maker	1
Coach-makers	9	Silversmiths	3
Public Officers	6	Photographer	1
Shipwrights	2	Wire-worker	1
Collectors	2	Upholsterers	4
Nurses	2	Drovers	5
Soap-maker	1	Brass Founder	1
Contractors	5	Pattern-maker	1
Authors	4	Comb-maker	1
Editors	4	Grocers	6
Railroad Conductor . .	1	Cigar-maker	1
Apprentices	3	Glove-makers	2
Musicians	4	Errand boys	3
Coppersmith	1	Engraver	1
Tanners	6	Electrician	1
Artists	23	Reporters	2
Dyer	1	No occupation	551

TABLE IV.—Showing the occupation of 3336 female patients.

Seamstresses or Mantua-makers	308	Daughters of Saddler	1
Storekeepers	28	“ Coach-makers	4
Attendants in stores	28	“ Contractor	1
Cigar-makers	4	“ Tinman	1
Teachers	94	“ Mason	1
Domestics	311	“ Hatter	1
Nurses	26	“ Publisher	1
Artists	5	“ Painter	1
Factory Girls	15	Of the <i>Married</i> similarly situated, were—	
Physician	1	Wives of Clerks	99
Sister of Charity	1	“ Teachers	22
Clerks	5	“ Farmers	245
Actress	1	“ Brass Founders	4
School Girls	3	“ Gardeners	6
Hairdresser	1	“ Saddlers	5
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Printers	10
Daughters of Farmers	151	“ Machinists	37
“ Merchants	194	“ Masons	6
“ Masons	4	“ Painters	3
“ Bank Officers	9	“ Stage Owners	2
“ Weavers	19	“ Cutler	1
“ Laborers	25	“ Bank Officers	13
“ Sea Captains	5	“ Innkeepers	37
“ Auctioneer	1	“ Bookbinders	4
“ Innkeepers	10	“ Tinmen	4
“ Teachers	14	“ Editors	6
“ Carpenters	17	“ Plasterers	4
“ Paper-makers	2	“ Engineers	17
“ Physicians	18	“ Artists	11
“ Planters	33	“ Bricklayers	2
“ Watchmaker	1	“ Paper-makers	2
“ Curriers	3	“ Collectors	5
“ Clerks	38	“ Brick-makers	6
“ Engineers	3	“ Seamen	13
“ Clergymen	25	“ Merchants	221
“ Miller	1	“ Physicians	20
“ Public Officers	22	“ Lawyers & Judges	47
“ Officers of Army	2	“ Shoemakers	41
“ “ Navy	1	“ Hatters	6
“ Lawyers	29	“ Cabinet-makers	20
“ Machinists	7	“ Laborers	193
“ Bricklayers	2	“ Grocers	8
“ Chair-makers	2	“ Clergymen	31
“ Manufacturers	15	“ Tobacconists	10
“ Tailors	8	“ Weavers	17
“ Waterman	1	“ Sea Captains	4
“ Bakers	4	“ Victuallers	11
“ Printers	8	“ Brush-makers	2
“ Shoemakers	5	“ Tailors	23
“ Druggists	3	“ Millers	9
“ Artists	3	“ Police Officers	10
“ Brick-maker	1	“ Carpenters	49
“ Blacksmiths	2	“ Druggists	15
“ Musician	1	“ Planters	14
“ Dentists	4	“ Peddlers	7
“ Victualler	1	“ Manufacturers	61
		“ Brokers	2

TABLE IV.—*Continued.*

<i>Wives</i> of Tanners . . .	12	<i>Widows</i> of Farmers . . .	63
“ Musician . . .	1	“ Coopers . . .	3
“ Conveyancer . . .	1	“ Laborers . . .	41
“ Officers of Army . . .	9	“ Manufacturers . . .	15
“ “ Navy . . .	3	“ Lawyers . . .	7
“ Plumbers . . .	3	“ Carpenters . . .	7
“ Blacksmiths . . .	11	“ Clerks . . .	16
“ Bakers . . .	4	“ Tanners . . .	2
“ Waiters . . .	3	“ Teachers . . .	2
“ Confectioners . . .	3	“ Planters . . .	6
“ Hairdressers . . .	2	“ Bricklayers . . .	2
“ Contractors . . .	5	“ Painters . . .	2
“ R. R. Conductors . . .	5	“ Seamen . . .	7
“ Dentists . . .	5	“ Engravers . . .	2
“ Watchmakers . . .	5	“ Engineers . . .	5
“ Public Officers . . .	6	“ Machinists . . .	6
“ Brewers . . .	2	“ Masons . . .	2
“ Optician . . .	1	“ Printer . . .	1
“ Iron-master . . .	1	“ Blacksmiths . . .	2
Of the <i>Widows</i> similarly situated, were—		“ Bakers . . .	2
<i>Widows</i> of Merchants . . .	64	“ Druggists . . .	2
“ Physicians . . .	15	“ Musician . . .	1
“ Public Officers . . .	11	“ Interpreter . . .	1
“ Sea Captains . . .	7	“ Tailor . . .	1
“ Hotel Keepers . . .	6	“ Dentist . . .	1
“ Shoemakers . . .	23	“ Tinman . . .	1
“ Clergymen . . .	5	“ Confectioner . . .	1
		“ Silversmith . . .	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 7167 patients.*

	Males.	Females.	Total.
Single	1890	1395	3285
Married	1748	1536	3284
Widows	—	405	405
Widowers	193	—	193

TABLE VI.—*Showing the nativity of 7167 patients.*

Natives of Pennsylvania .	3826	Natives of England .	297
“ New Jersey .	342	“ Scotland .	43
“ Delaware .	163	“ Ireland .	897
“ Maryland .	208	“ Germany .	384
“ Virginia .	96	“ Poland .	9
“ North Carolina .	63	“ Prussia .	14
“ South Carolina .	55	“ Switzerland .	7
“ Georgia .	30	“ Bermuda, W. I. .	2
“ Alabama .	17	“ Jamaica, “ .	2
“ Tennessee .	24	“ St. Domingo, “ .	4
“ Indiana .	10	“ Barbadoes, “ .	4
“ Kentucky .	33	“ Cuba, “ .	13
“ D. of Columbia .	19	“ Guadaloupe, “ .	1
“ Maine .	20	“ Martinique, “ .	1
“ Massachusetts .	88	“ St. Croix, “ .	1
“ Connecticut .	44	“ St. Thomas .	2
“ Missouri .	15	“ Isle of Madeira .	1
“ Ohio .	47	“ Isle of Man .	1
“ New Hampshire .	10	“ Spain .	3
“ Louisiana .	24	“ Italy .	3
“ Rhode Island .	12	“ Denmark .	3
“ New York .	224	“ Holland .	4
“ Mississippi .	11	“ Russia .	1
“ Vermont .	7	“ Austria .	4
“ West Virginia .	4	“ Bavaria .	4
“ Michigan .	2	“ Venezuela, S. A. .	1
“ Iowa .	1	“ Norway .	1
“ Texas .	4	“ Japan .	1
“ Illinois .	6	“ Costa Rica .	2
“ Florida .	3	“ St. Kitts .	1
“ Sicily .	1	“ Mexico .	1
“ Nova Scotia .	2	“ Brazil .	1
“ Canada .	17	Born at Sea .	1
“ France .	25		

TABLE VII.—*Showing the residence of 7167 patients.*

Residents of Pennsylvania .	5854	Residents of Maine .	3
“ New Jersey .	255	“ Rhode Island .	6
“ Delaware .	149	“ New York .	162
“ Maryland .	159	“ Florida .	4
“ Virginia .	67	“ Wisconsin .	1
“ West Virginia .	8	“ California .	4
“ D. of Columbia .	30	“ Oregon .	1
“ North Carolina .	55	“ Minnesota .	2
“ South Carolina .	37	“ Kansas .	3
“ Georgia .	31	“ Montana .	2
“ Alabama .	23	“ Colorado .	1
“ Louisiana .	43	“ Jamaica, W. I. .	2
“ Tennessee .	16	“ Barbadoes, “ .	4
“ Kentucky .	22	“ Cuba, “ .	11
“ Arkansas .	4	“ St. Croix, “ .	1
“ Mississippi .	14	“ St. Thomas, “ .	3
“ Vermont .	4	“ Isl. of Madeira .	1
“ Texas .	11	“ Germany .	3
“ Illinois .	19	“ Venezuela, S. A. .	2
“ Michigan .	6	“ England .	2
“ Ohio .	50	“ Norway .	1
“ Indiana .	15	“ Costa Rica .	2
“ Missouri .	22	“ Mexico .	2
“ Massachusetts .	20	“ Canada .	6
“ New Hampshire .	1	“ Japan .	1
“ Iowa .	7	“ Nova Scotia .	1
“ Connecticut .	13	“ Brazil .	1

TABLE VIII.—*Showing the supposed causes of insanity in 7167 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	711	579	1290	Mortified pride	2	1	3
Intemperance	585	52	637	Celibacy	1	—	1
Loss of property	185	45	230	Anxiety for wealth	3	—	3
Dread of poverty	3	2	5	Use of opium	10	17	27
Disappointed affections	32	56	88	Use of tobacco	15	2	17
Intense study	39	13	52	Lead-poisoning	1	—	1
Domestic difficulties	50	93	143	Use of quack medicines	2	2	4
Fright	17	39	56	Puerperal state	—	284	284
Grief, loss of friends, &c.	78	261	339	Lactation too long continued	—	12	12
Intense application to business	46	10	56	Uncontrolled passion	5	7	12
Religious excitement	82	130	212	Tight lacing	—	1	1
Political excitement	14	—	14	Injuries of the head	90	6	96
Metaphysical speculations	1	—	1	Masturbation	91	2	93
Want of exercise	6	2	8	Mental anxiety	170	271	441
Engagement in duel	1	—	1	Exposure to cold	5	1	6
Disappointed expectations	14	17	31	Exposure to direct rays of the sun	67	3	70
Nostalgia	—	8	8	Exposure to intense heat	1	1	2
Stock speculations	2	—	2	Exposure in army	6	—	6
Want of employment	44	2	46	Old age	—	3	3
				Unascertained	1452	1414	2866

TABLE IX.—*Showing the ages at which insanity first appeared in 7167 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	17	4	21	Between 45 and 50	275	225	500
Between 10 and 15	59	65	124	“ 50 and 55	186	162	348
“ 15 and 20	369	326	695	“ 55 and 60	135	115	250
“ 20 and 25	672	600	1272	“ 60 and 65	100	74	174
“ 25 and 30	646	588	1234	“ 65 and 70	43	23	66
“ 30 and 35	460	455	915	“ 70 and 75	23	19	42
“ 35 and 40	482	350	832	“ 75 and 80	13	8	21
“ 40 and 45	349	315	664	“ 80 and 85	2	7	9

TABLE X.—*Showing the forms of disease for which 7167 patients were admitted.*

	Males.	Females	Total.
Mania	1667	1585	3252
Melancholia	864	1076	1940
Monomania	572	408	980
Dementia	713	262	975
Delirium	15	5	20

TABLE XI.—*Showing the duration of the disease at the time of admission in 7167 patients.*

	Males.	Females.	Total.
Not exceeding 3 months	1754	1855	3609
Between 3 and 6 months	306	249	555
“ 6 months and one year	478	376	854
“ 1 and 2 years	501	336	837
“ 2 and 3 “	254	148	402
“ 3 and 4 “	142	89	231
“ 4 and 5 “	91	57	148
“ 5 and 10 “	158	120	278
“ 10 and 15 “	64	47	111
“ 15 and 20 “	28	27	55
“ 20 and 25 “	28	15	43
“ 25 and 30 “	12	10	22
“ 30 and 35 “	7	4	11
“ 35 and 40 “	4	—	4
“ 40 and 45 “	3	2	5
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 7167 cases.*

	M.	F.	T.		M.	F.	T.
First attack	2825	2361	5186	In the <i>periodical</i> cases,			
Second “	566	582	1148	10th 6 m. 6 f., 11th 3 m. 4 f. .	9	10	19
Third “	183	199	382	12th 3 m. 3 f., 13th 1 m. 2 f. .	4	5	9
Fourth “	93	79	172	14th 1 m. 3 f., 15th 1 m. 1 f. .	2	4	6
Fifth “	47	47	94	16th 1 m., 17th 2 m. .	3	—	3
Sixth “	55	17	72	18th 4 m., 19th 2 m. .	6	—	6
Seventh “	18	6	24	20th and 21st each 1 m. and 1 f. .	2	2	4
Eighth “	12	8	20	22d 1 m., and to 26th each 1 f. .	1	5	6
Ninth “	5	4	9	27th 2 f., 29th 1 f. .	—	3	3
				30th, 31st, 32d, 33d, each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of 6748 patients, who have been discharged or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1688	1636	3324	1859	920	451	91	3
Much improved	225	335	560	234	210	83	33	—
Improved	623	494	1117	395	323	194	205	—
Stationary	577	276	853	275	193	116	268	1
Died	517	377	894	389	185	39	265	16

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions	Discharges.	Cures.	Deaths.
1st month	575	576	246	81
2d "	532	400	200	63
3d "	620	506	244	72
4th "	710	527	250	83
5th "	718	615	296	90
6th "	696	582	283	54
7th "	600	635	318	80
8th "	561	605	302	87
9th "	554	602	307	82
10th "	560	595	315	69
11th "	526	549	271	62
12th "	515	556	292	71

EVENING ENTERTAINMENTS, OCCUPATION, AND AMUSEMENT OF THE PATIENTS.—With one or two exceptions, little change has been made during the last year, in the modes heretofore adopted for the occupation and amusement of the patients, either by day or in the evening. The right principle has been fully established, and the manner of carrying it out, which has been chosen, has resulted so satisfactorily, that only slight modifications, that may add to the variety are likely to occur. With the advantages that are so obvious, it can scarcely be believed that those in authority will ever permit any retrograde movement. Whatever change is made, must now be an advance. It is to be hoped that this will be continually occurring, for it is hardly possible that any hospital can remain stationary. If it is found to be making no advance in its character, and in its facilities for treating the patients, and adding steadily to their comfort and happiness, it cannot be long before it will be discovered that it is retrograd-

ing, and the downward course once begun, it is quite certain that the movement in that direction will go on with an accelerating rapidity.

During the past seven years, at one department, for nine months of each year, there has never been a single evening on which there was not some form of entertainment, occupation, or amusement. These were generally lectures, readings, concerts, exhibitions of varied kinds, gymnastic exercises, or social parties, in which a large proportion of all the patients were able to participate, and the same was the case on three or four evenings of every week, of the remaining three months of the warmest weather, which continue to be regarded as a form of vacation. At the other department of the institution, nearly the same programme has been carried out very satisfactorily. These entertainments interfered in no way with the great variety of games and other means of passing the time in the wards.

It has been suggested, that patients would be likely to become tired of the frequency of these entertainments, but in practice such has not been found to be the case. I venture to say, that no one who has made a determined trial of having something going on, every evening of the week, for one or two years, will ever be willing to relinquish it. It is not the patients who are likely to become tired of such a course, as we and others have so successfully demonstrated, for except with that class, who take little interest in anything, there is, with all, a steady desire for constant and varied means of passing the hours that intervene between twilight and bedtime, and that

generally seem so long and dreary. Those who are more likely to become wearied with all these modes of occupation and amusement, are the persons who are employed to have the immediate care of the patients, and who may have private objects that are more interesting to them. But even these may be gradually educated up to an appreciation of these efforts to divert and instruct those under their care, and from being indifferent, will often be found to become as much interested as any, in what is done in the lecture rooms or amusement halls. At any rate all, in every position, should be taught that hospitals are provided for the benefit of the patients, that private feelings or wishes that interfere with this great and paramount object must be banished unhesitatingly, and that nothing of the kind can be allowed to have weight, in deciding upon the propriety or expediency of adopting any measure that may be deemed desirable.

The light gymnastics, for which the hall, bearing that name, was specially provided, have been continued regularly for eleven years with undiminished interest and usefulness.

In connection with these evening entertainments, special reference must be made to the admirable course of readings, which has been given as often as once a week, during a large portion of the entire year, by the same gentleman to whom we were under similar obligations the last season. These readings have been specially enjoyed by the patients, and our thanks are eminently due to this gentleman, who has so often put aside other invitations, to minister to the entertainment of the inmates of the hospital.

To him, and to the many other friends who have aided us in adding to the interest and variety of our evening entertainments, we again feel under great obligations.

The officers' tea-parties, which are given once a week during the entire year, taking every ward in rotation, and to which all are invited, who are capable of enjoying them without interfering with the pleasure of others, have been continued with obviously good results. Even those who are specially obtuse as to the relations and feelings of the officers towards the patients, very often express gratification, and acknowledge a new light dawning upon them, when they so often find all the officers and their families giving up whatever private engagements may have been tendered them, in order to be present at these social gatherings. To make these parties still more attractive, one of the finest rooms in the second story of the centre building of the department for males has been given up to be used as the officers' dining and party-room, and at the department for females, the old dining-room, used for the same purpose, has been greatly improved. The iron column formerly standing near the centre of the room, has been removed, and the necessary strength given to the girder above by iron beams bolted to it, the ceilings have been re-plastered, the walls painted, and various other improvements made, that render it very handsome and attractive, and giving abundant room at table for forty-five guests.

While the men enjoy the more active kinds of open-air exercise, athletic games, work in the garden and

grounds, and now and then mechanical pursuits, the women have advantages in riding inside and outside of the inclosure, in sewing, and in the various kinds of fancy work, in which so many take an interest. The best forms of occupation, or of amusement, are those which most thoroughly take the attention of patients from themselves. Whatever has banished a delusion from the mind of a patient for a single hour has done a work, whose value is not always easily calculated, and if for the first time, it has made the way more easy for another lucid interval.

There are many on whom mechanical occupations have a specially favorable influence in this way, although it must be conceded that even among men, there are difficulties not readily surmounted, where it is proposed they should be used by any considerable number.

A few attempts to introduce mechanical occupations among women, have seemed to me quite successful enough, to justify a moderate extension of them. What the result will be, we shall be able to state hereafter.

When the North Fisher Ward was built, the basement on the south side, a pleasant, well-lighted, and cheerful room, but little below the level of the ground, fifty-two by ten and a half feet in size, was reserved for this purpose, and also with the intention of fitting up a small kitchen, where not only the ordinary dishes for the sick might be prepared, but other cooking done as might be deemed advisable. It is proposed to make this both a school and a form of agreeable and useful occupation for a limited num-

ber of patients, who have taste and skill in such matters. Cooking is an art, and properly done, renders most valued assistance to the physician in the treatment of the sick. Many patients have a great fondness for this kind of occupation. Everybody acknowledges the importance of the thorough education of nurses, but the training of nurses can only be secured efficiently, while they are engaged in taking care of the sick, and under proper supervision. Good cooking for the sick is an indispensable accomplishment for a good nurse. It is hoped that this kitchen will be the means of qualifying many for greater value as nurses, and a higher appreciation of this branch of their most useful vocation. It is intended to use gas exclusively for all cooking purposes in this kitchen.

The mechanical portion of this department will consist of the fancy wood sawing,—which has been so successfully carried on for some time, and of which so many beautiful specimens ornament our wards,—of turning in wood, of printing, and of some other simple kinds of mechanical employment.

This department is named after one of the men with whom originated the Pennsylvania Hospital, who was one of its first managers, and who always took an active and wise interest in promoting its welfare. Specially interested in everything that contributed to the happiness and prosperity of mankind, he was strikingly so, in all kinds of mechanical pursuits and useful occupations. A mechanic and a working man himself, working with his own hands, as well as his mental faculties, he had a high

esteem for those who adopted this means of being useful to their fellow-men. The "Franklin Work-room," it is hoped, in its results, will do no discredit to the truly great man with whose name it is identified.

It is with mechanical pursuits for the patients, in a hospital for the insane, as it is with most of their occupations and amusements, and especially with whatever is a little out of the ordinary routine. They can only be made successful by a firm determination on the part of the controlling authority, that they shall be. This always involves a large amount of personal labor and attention, but rarely fails to give compensating results. Every new work and every new scheme of occupation or amusement must be placed in charge of one who can take a pride in it, appreciate its importance, and work faithfully for its success, but no matter in whose care it is placed, it will be found that nothing can compensate for the active supervision and interest of the head of the institution, and his associate officers.

OCCUPATION FOR THE INSANE.—Those who have been much with the insane, cannot have failed to recognize that one of the most difficult problems to solve satisfactorily, is how to provide suitable occupation for the large number who do nothing, unless assisted in some way by those to whose care they have been confided. Beginning at the time when they leave their beds, occupation is found in preparing for breakfast and partaking of that meal, but a single hour does not elapse after this is

finished, before the necessity of a directing head is obvious to any one, who makes a critical examination of the wards of an institution. A few, it is true, who have been accustomed to such duties, find employment in assisting to put everything in order, in doing their own private work, or in reading or writing, but a very great majority will be found without anything to do, unless work is brought to them, and special pains taken to induce them to engage in it. The attendants proper, at this time, are particularly occupied with the work of the ward, and cannot give much personal attention to the patients. It is just here that the presence of supervisors and companions, if gifted with the proper kind of activity, intelligence, and enthusiasm in the work, becomes specially valuable. They suggest and start a dozen different modes of preventing the listlessness that begins to manifest itself within doors. Outside exercise now becomes important, and being in the open air is, of itself, of great value. Every hospital should be provided with a large extent of dry walks, with pleasant grounds, objects of interest, and resting places, so that when nothing else is found to be available, nearly the whole household may be taken out for exercise in the open air, for at least an hour, in all kinds of weather, when it is not absolutely storming. The general appearance of the patients, before starting out and when they return, is sufficient to prove to any one the good that has been done. This improved state will continue a longer or shorter period. The parlors and wards will now have had all the benefit to be derived from a natural ventilation

and the absence of their occupants, and for a certain time, everything will seem comfortable. In a couple of hours or so, however, there will be indications of a return to the inactive, sleepy, indifferent state which existed before the patients first went into the open air, or it may be, an excitement that was calmed by the first walk, now returns. It is then desirable that instead of waiting till afternoon, there should be a repetition of the same kind of out-door exercise and, even if for a shorter period, it will be found to have brought a majority of all the patients to a comfortable, wakeful state up to the hour for preparing for dinner. This meal, if of good quality, properly prepared and nicely served, will be an attractive part of the day's occupation, a real tranquillizer, and for an hour afterwards there will be very striking indications of a contented state of mind and body. At the end of this time, there should be the same emptying of the wards, and after a longer or shorter period of more or less active exercise in the open air, the patients will return to their halls, in a brighter and better condition than when they left them, and this will carry them through to supper. Partaking of this meal, preparing for the evening entertainment, and discussing it afterwards, will bring those who find nothing for their hands to do, to the early hour of retiring, which is so generally and properly adopted in hospitals. What has been suggested, it will be observed, is for the great mass of the patients, is available for nine-tenths of the whole number in a hospital, and does not interfere with the many other and varied means of amusement

and occupation which should be possessed by every institution. There cannot be too many of these, nor of too varied a character, for as tastes vary, so must the means of gratifying them. We often have illustrations how modes of occupation, that could hardly have been supposed capable of interesting any one, have seemed to be the starting point of convalescence. For this reason we are always anxious to introduce everything that gives any chance of interesting even a very limited number. The occupation, exercise, and mental employment adverted to above, have their special value as being available, as already stated, for nearly all. Riding outside and inside the inclosure, visits to places of interest, mechanical occupations, labor on the grounds and in the gardens, can be used by comparatively few, and yet their results are strikingly perceptible in many ways.

These views of what is necessary to be done to keep chronic cases, especially, from sinking into a still lower mental condition, also show how important is the provision of the very extended dry walks to which I have so often alluded, in connection with every hospital for the insane. The number who can labor profitably to an institution and advantageously to themselves, is comparatively small. Even those who do labor, must be carefully watched, to prevent harm or injustice being done. This is especially so with recent cases. The working energy given by mental disease is often far beyond what is desirable for the patient. Walking and riding, however, are nearly always safe and available for almost every one

of every class not actually confined to the house by acute sickness. For those who are unable to walk, good roads inside the grounds, with suitable vehicles and gentle horses, donkeys, or ponies that can be driven by almost any one, give a valuable resource for passive exercise and the benefits of being in the open air. Whatever a hospital can do to carry out more thoroughly and pleasantly any of these means of occupation is real progress.

FAIRMOUNT PARK AND THE CENTENNIAL.—I have heretofore spoken of the great advantage Fairmount Park is likely to prove to this Institution. Every year demonstrates this more and more strikingly. Near enough to be enjoyed by pedestrians as well as those who ride in carriages, it always offers a great variety of objects of interest, with scenery that can hardly be surpassed in beauty. Paved streets leading directly to it from both departments, an abundance of good roads, are readily secured at all seasons, and such a variety of drives as to prevent anything like monotony.

The year just closed has made the Park a special object of interest. The preparation for the great Centennial has made novelties for almost every day, and the wonderful changes which every week has shown have been never-failing subjects for conversation. Our patients have participated with all good citizens in their deep interest in this grand work. They have felt all the gratitude which is due to those who have so generously given their time, talents, and money to secure its triumphant

completion, and all the anxiety for its perfect success, that should come from every one actuated by pride of country or an appreciation of the humanizing results that must proceed from it.

The coming year, with the Exposition itself in operation, will present an amount and variety of subjects of interest such as have probably never before been gathered together, and certainly were never so admirably situated, to be made available for the instruction and gratification of the inmates of a hospital for the insane,—a drive of ten minutes or a moderate walk bringing them directly to the Exposition buildings.

INCREASE OF MEDICAL OFFICERS. — Each department, having had its average number above two hundred for some years past, an additional assistant physician has been given to each hospital, as recommended by the Association of Superintendents, so that there are now six medical officers connected with the Institution. This gives an opportunity for more personal intercourse with the patients, more frequent and longer visits, a more active and efficient supervision of the wards, a more prompt attention to the friends of patients, and a better study and record of cases.

IMPROVEMENTS.—The improvements made during the year have mainly consisted in putting in thorough repair all the fences inside of the inclosing wall,—and which had been in use for several years—in painting them, and also many portions of the hospital build-

ings. I have already alluded to the great change made in the officers' dining-room at the Department for Females. The foot-walks throughout the grounds, especially those made of boards, have been put in thorough order, and 1321 feet of new board walks have been put down in the lawn to the east of the North Fisher Ward, a portion of the grounds especially desirable for invalids, from its exposure to the sun, protection from the prevalent winter winds, and the pleasant views from the mound and summer-house on it, the latter of which was erected during the year 1874. This land was formerly the deer park, but it was always too contracted, and had too little shrubbery in it for that purpose, and the substitution of a small flock of Southdown sheep in place of the deer, has, on the whole, not diminished the attractiveness of this locality. In the Gymnastic Hall, which for eleven years has been so useful to us in our evening arrangements, the walls have been painted, and other improvements made.

MUNICIPAL IMPROVEMENTS.—The improvements in this vicinity, under direction of the city authorities, continue to involve the Institution in a large outlay of money. The culvert across Market Street having been placed above the bed of Mill Creek, made necessary the filling up of a portion of the meadow, which was, from this cause, covered with water. The filling up of the foot-walks on the same street, between the two buildings, requiring nearly 7000 cubic yards of earth, and the paving of the foot-walks opposite the Department for Males have been

completed. The amount expended on these two objects, during the year, is rather more than \$3000. The jury to assess the damages caused by the widening of Market Street have awarded the sum of \$12,000 to this Institution. This sum, although little more than one-half of what will be required to place the premises in as good condition as they were before the work was commenced, will enable the hospital, in the early spring, to begin that which is most necessary, and to continue it as its means will permit. As this improvement of Market Street adds nothing to the value of the hospital premises for the purposes for which it will always be used, it will be seen how large a contribution it has given to the improvement of the neighborhood, outside of the important objects for which it was specially established. Two or three years more, it is believed, will complete all the municipal improvements around us, and every one will then see the wisdom and foresight of those who located this hospital just where it is. Whatever other hospitals for the insane may be required in the distant future, when Philadelphia shall have doubled the number of her inhabitants, no combination of circumstances can make it wise—it might be said, possible—for the city to entertain any suggestion to dispense with this hospital, to divert to other uses a single acre of its grounds, or to think of changing its location. The advantages it has in being here are many and important, and several of which, at this day, could not be provided elsewhere at any cost. Every family in the city has, or may have, an interest, directly or

indirectly, in the hospital being where it now is, on account of the facility of access for the patients and their friends, for official visitations, and for the many objects of interest so readily accessible. Besides all these, its open grounds of more than a hundred acres, in a high state of improvement, make a reservoir of fresh air, the influence of which must be felt in all that neighborhood, where very little provision has been made for spaces uncovered with buildings.

ACKNOWLEDGMENTS.—I have great pleasure in again referring to the many evidences we continue to receive of an active interest in the prosperity of the institution, and the welfare and happiness of our inmates.

In addition to the noble gifts of I. V. Williamson, the late Jesse George, Mary D. Brown, and others, towards securing a permanent endowment for this hospital, and extending its advantages to those, whose lack of means would otherwise have effectually excluded them from any participation in the benefits it offers to its inmates, and which are fully detailed in your report to the contributors, I have to tender our thanks to S. S. Brown for \$125; to Miss H. S. Benson for \$100; to Edmund Smith for \$100; to A. B. Woodruff for \$25; to Miss M. E. Blanchard for \$50; to Mrs. Charles Wood for \$25; to Mrs. Martha Robb for \$25; to Alexander Young for \$25; to A. E. Borie for \$25; to H. Pratt McKean for \$25; to Charles Wheeler for \$25; to the Misses Waln for \$30; to

G. W. Childs for \$10; to G. D. Rosengarten for \$15; to I. Norris Emlen for \$15; to Mrs. S. I. Lambert for \$10;—all these being for the special object of procuring pictures and extending the means of amusement at the Department for Males, —to Charles Bartles and John G. Reading for \$50 each in lumber; to Jacob P. Jones for \$100 for Christmas; to Joseph C. Turnpenny for \$50 and books for the library; to Baker, Davis & Co. for a deduction of \$53 in a bill of books; to Elizabeth Farnum for a valuable oil painting; to Elizabeth Greeves for two photographic pictures of deceased managers; to Francis Wells for the very extended course of readings, already alluded to; to John S. Hart for a lecture on the English poets; to Dr. I. P. Trimble for three lectures; to Professor Morton for a lecture with specially fine illustrations; to several friends, by A. D. M., for flowers \$25; to John Sellers for a deduction of \$20 in bill for ice; to I. S. Williams & Co. for deduction from bill; to J. B. Lippincott for deduction from bill of books; to James S. Earle & Son for deduction in the price of pictures; to Samuel Sloan for valuable architectural services; to Samuel Welsh for a lot of tickets to the Zoological Garden; to John S. Peirson for a horse; to John Lafferty for a picture of the Centennial buildings; to Dr. Joseph J. Kirkbride for books and periodicals; to Wm. R. Warner & Co. for a variety of their pharmaceutical preparations; to “a friend” for a number of books for the library; to Wistar Morris for illustrated papers and periodicals; to B. F. Butler, of N. Y., for a horse; to Mrs.

James Hopkins for a horse; to Joseph Stoddard for a horse; to Ann and Martha P. Williams for a set of Chambers' Edinburgh Journal; to Hale, Kilburn & Co. for two easels; to Benj. H. Shoemaker for a liberal present of glass; to J. F. Eppelsheimer for all the leather belting required at the Department for Males; to Samuel Wall and his men for the painting of parlor of 1st Ward South; to Curwen Stoddard & Brother for two heavy carriage blankets and driving gloves; to Wm. Ray for a coachman's overcoat; to Dr. B. H. Rand for a large lot of music for the flute; to R. C. G. Sproul for five large volumes of piano music; to Mrs. Behrens, Miss Wilhelm, Miss Cassidy, Miss Forney, Drs. Maxwell, Stryker, Ray, and Osgood, and many others, who, with their friends, gave a large number of admirable concerts at both departments; to Mr. Herman and Mr. McCabe for exhibitions of legerdemain and ventriloquism; to Messrs. Toole and friends for a pleasant afternoon entertainment; to Major Ward for a Punch and Judy exhibition; to B. F. Duane for three of his amusing entertainments; to the publishers of the "Philadelphia Evening Bulletin," the "City Item," the "Commercial List," the "Sunday Times," and the "Phoenixville Messenger" for copies of their papers; to Grant & Harris, George H. Stuart, William Ray, Miss Wright, Wanamaker & Brown, and Dr. Wm. P. Moon for periodicals; to Sylvester J. Megargee for Southern fruit; to James W. Queen, the Messrs. McAllister, and Bannerman & Wilson we continue to be indebted for the use of magic lantern slides for our evening entertainments.

The only change among the resident officers of the Hospital that has occurred in the past year, is the addition of two assistant physicians. Dr. S. Preston Jones continues very efficiently in immediate charge at the Department for Males, having as medical assistants Drs. Wm. H. Bartles and Frank F. Corson. George Jones remains as Steward, and Hannah Sager as Housekeeper. At the Department for Females, Dr. William P. Moon is 1st Assistant Physician, Dr. Richard J. Hess, 2d Assistant Physician, Joseph Jones is Steward, and Anne Jones, Matron. To all these, and to all others in any way connected with the care of the inmates of the Hospital, I have great satisfaction in expressing my obligations for all the valuable aid they have given in promoting the happiness and restoration of the patients, and the general welfare of the Institution.

DEATH OF JOHN J. THOMPSON.—The death of this estimable member of your Board, during the past year, has been a source of great sorrow to those immediately connected with this department of the Institution. Although a manager of the Hospital but a comparatively short time, his deep interest in everything connected with it, his genuine sympathy with the afflicted, his kind words and liberal acts, joined to a very genial manner made him most highly esteemed, and his loss sincerely deplored by every one who had the privilege of knowing him.

RECEIPTS AND EXPENDITURES.—The following abstracts of the receipts and expenditures at each department of this hospital, during the year 1875, have been transcribed from the books, by the Stewards of the Institution, viz:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$27,826 30
Household expenses	42,680 39
Furniture	7,938 33
Lights	2,509 09
Fuel	12,487 22
Garden, grounds, live stock, and carriages	1,411 89
Grain and feed for stock	725 07
Repairs and improvements	3,804 70
Medical department	1,352 64
Amusement of patients	535 68
Stationery and printing	602 20
Library	137 91
Introducing telegraph	325 00
Telegraph rent and messages	255 69
Miscellaneous	52 00
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Total expenditures	\$102,644 11
Net receipts	104,149 67
Average number of patients	208
“ “ free patients	16
Amount expended in 1875 on free patients	\$8,161 92

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds	\$24,992 44
Household expenses	39,263 90
Furniture	5,608 95
Lights	2,119 42
Fuel	7,540 21
Garden, grounds, live stock, and carriages	2,294 24
Grain and feed for stock	2,701 65
Repairs and improvements	9,182 20
Medical department	2,404 11
Amusement of patients	915 38
Stationery and printing	679 24
Library	170 05
Introduction of telegraph	325 00
Telegraph rent and messages	264 93
Miscellaneous	260 70
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Total expenditures	\$98,722 42
Net receipts	101,383 03
Average number of patients	222
“ “ free patients	35
Amount expended in 1875 on free patients	\$15,564 15

The average number of free patients receiving the benefit of the Hospital continues to increase, and the amount expended on this class, in 1875, was \$23,726 07.

NECESSITY FOR MORE ACCOMMODATIONS FOR THE INSANE. THE WORK OF THE YEAR.—Notwithstanding the great amount of work actually

done in hospitals, so many suffering cases are every year presented to our notice, that there can be no question as to the insufficiency of the present accommodations for the insane, and the irreparable loss sustained by the community from this cause. All this shows how important it is that the public attention should frequently be directed, not only to our deficiencies, but also to what has been effected, and the progress being made to remedy them. The year just closed was an unfortunate one in the latter respect, and much less progress than was anticipated, has been made in increasing the accommodations for the insane of Pennsylvania. Owing to an unfortunate combination of circumstances, the bills appropriating funds for the prosecution of the work on the extension of the hospital at Danville, and for the new hospital at Warren, failed to become laws. The consequence of this is, neither more nor less, than that at least six hundred of the people of this State, who are laboring under the sad affliction of insanity, are virtually condemned to a year of confinement in almshouses, jails, or, what is often worse than either, in their own homes, or in detached buildings near them, with all the suffering and loss such a term of detention in these places is sure to entail. The best that can now be done to remedy this loss, is to urge on the work with greater rapidity. The more liberal the appropriations, the sooner these hospitals will be finished, and give returns for the money invested in them.

The indignation, which is naturally felt by us all, at the bare suspicion of any one being wrongfully

confined, even for a short period, in any of the places mentioned, ought to teach us how great is the responsibility incurred by a community in permitting, for so large a number of the insane, what might well be regarded as a long sentence for the more moderate class of criminal offences. But this is not all. These six hundred are not only condemned to a year of unnecessary and undeserved confinement, as already stated, but it is not easy to say how many of them, by this sentence, are doomed to permanent insanity; for a year's continuance of mental disorder, without proper treatment, in a large proportion of all the cases that occur, settles the matter positively whether they are to be restored to health, or to remain permanently bereft of reason. This one year of neglect, after an attack, also decides another question of interest to the political economist, even if he take no higher view of the subject. It is whether the State is to be subjected to the cost of supporting these cases during the period of their restoration, which averages much less than a year in duration, or providing for them, as incurables, during their whole lives, their families, too, often becoming with them a burden on the public, and, instead of their adding to the wealth of a State, as they would by their labor if restored, they are, while they live, an expense to it.

On the other side, however, it is a subject of congratulation that the Pennsylvania State Medical Society, in no wise discouraged by the unfortunate circumstances which have been alluded to, has, during the present year, urged on the proper authorities

the importance of the early erection of another hospital, for the eastern counties of the commonwealth.

To the wise forethought and the active exertions of this influential body, whose members have so much to do with the health of our citizens, the State is certainly indebted, in no small measure, for the provision which has been, or is being made for the accommodation of so many of our unfortunate people at Danville and Warren. It is to be hoped, that the confidence heretofore reposed by the legislature in these movements, and the manner in which they are being carried out, will lead to an equally prompt and liberal appropriation for the hospital that is now recommended, and the necessity for which can hardly be questioned.

Scarcely a week, sometimes not a day passes, without some case coming to our notice, which shows that beyond the provision just alluded to, there is another required, still greater, more urgent, and which comes more directly home to us in this vicinity. To those who are familiar with the care of the insane, the simple fact, that our good city of Philadelphia,—the pioneer in caring for this class, with all its monuments of benevolence, and a most generous liberality,—has 1200 insane in accommodations which, stretched to the utmost, ought never to receive more than 600, tells the whole story as forcibly as could be done by pages of details, painful as their recital would be.

The great point to be settled is, how this state of things is to be changed. All admit that it is neither humane nor creditable to our city or State. The

question whether the State ought not to take charge of all her insane, and whether those who pay so largely for their support, ought not to have their proper share of the advantages of the provision made for their care, it is not necessary to discuss in this connection. What every one is interested in specially, and is bound to aid in bringing about, is that the provision should be promptly made, and that it should be fully up to the knowledge of the times, and to the high record of our State and city. Those who speak of providing for these cases, in connection with a hospital for the eastern counties of Pennsylvania, have little idea of the magnitude of the work that is before us. Two hospitals of the largest capacity, which the best authorities now consider allowable, will be necessary for the city of Philadelphia alone, even if the work could be completed in a single year. To commence the good work—if the plan of separating the sexes, which we have found to have so many advantages and not a single disadvantage, should be adopted—one building should be started at once, and as soon as this is prepared the men could be removed to it, and the whole of the present building be given up to the women, during the period required for providing a separate hospital for them.

No one pretends that all the proposed accommodations for the insane can be made without a large expenditure of money, but money faithfully expended for such an object, never yet made any State or city poorer; and neither Pennsylvania nor Philadelphia can long afford to do less than to provide a high order of accommodations for all the insane with-

in its borders. What they have done for a part must be done for all, and this is demanded by their whole history, by a wise economy, and the urgent claims of a common humanity.

In the report of last year, allusion was made to a commission appointed by the legislature of Pennsylvania, to inquire into the condition of the criminal insane of the commonwealth, and to make report to the legislature what is necessary to secure proper provision for them, and, if the commission should decide in favor of a separate institution for these criminal insane, to report a proper location and plans, and the probable cost of the same.

This commission, after a full consideration of the subject, reported, with entire unanimity, that no class of the insane should be kept either in prisons, jails, or almshouses, and, for the criminal insane, it was recommended that they should be received and treated in a new institution, to be specially built for the purpose, located in a central portion of the State, and easily accessible by railroads from all parts of the commonwealth. After enumerating the classes to be received into this new institution, the commission presented a plan for the same, which, while giving accommodations for one hundred patients, they believed, with a very rigid economy, might be built for one hundred and fifty thousand dollars. It is to be regretted that the legislature did not act on these suggestions at its last session, and it is greatly to be desired that the subject should receive that early and intelligent consideration which its importance so urgently demands. As this criminal class

ought never to be sent to the wards of an ordinary State hospital, it requires no argument to show, that until this separate provision is made, their condition must be what is neither right nor creditable to the State.

It is pleasant to be able to state that no hospital for the insane has been commenced in this State, nor, so far as I know, in any other, nor is likely to be, without a full and practical recognition of the abundant experience that has been had in regard to heating and ventilation. While the authorities of other classes of institutions still seem to be in an unfortunate state of doubt on these subjects, the insane are likely to have every advantage, which our present knowledge will permit. The experience of the last twenty years seems to me to have fully confirmed the original proposition of the Association of Hospital Superintendents, that in no way can heat be furnished and thorough ventilation be secured, so comfortably and so completely as by the use of steam or hot water, and by a fan driven by a steam-engine prepared for that special purpose. The matter of heating and that of ventilation should never be separated. Neither is perfect without the other, and they should not be discussed as separate questions.

The presence of a steam-engine and fan constantly in motion, seems, very often, to give the idea of an expensive power being used to produce all these movements, that are ever before us; while a heated shaft, which is out of sight and presents no mechanical movement, is liable to impress one with the idea

that it is using no power, as it does its silent work. If it produces this impression it is a deception. If no power is used, no work is done. A careful analysis of all the elements of this question will, undoubtedly, prove that the fan is not so expensive as is generally supposed. It is really the most economical, as it is the most efficient means of ventilation. Of all absurdities, however, one of the greatest is to put up a fan to secure ventilation and then never use it. To do justice to it, it must be used at all times, night and day, summer and winter.

We often hear modern hospitals for the insane, called as a kind of reproach, "colossal," but there is no help for their large size where a large number of patients is to be accommodated. So, it has become common, when any one wishes to bring them into disrepute, or to oppose greater provision for the insane, to style them "palaces,"—but without specifying in what respect there is a resemblance,—and then go on to demonstrate, that palaces are not proper places for the insane, especially the insane poor, to live in,—a proposition about which there would probably be little difference of opinion. The fact of a building being very large, and furnished with everything desirable for the treatment of its patients, does not make it a "palace." Everybody should be thankful that the style of hospitals not uncommon some years since, has been abandoned. Then, they were not unjustly compared to "factories," and the introduction of a better taste need not add very materially to their cost. The fact that here and there too much money may have been expended

in needless ornamentation, is no argument against a style that is pleasant to patients and every one, and which is itself an aid to the very object for which hospitals are established. No matter, for what class of the insane, a hospital is built, the essentials are the same, and any plan which diminishes the cost to one-half of what it should be, simply takes away just that much from its means of usefulness.

THE CARE OF THE INSANE. A CENTENNIAL RETROSPECT.—A centennial review of what has been done for the insane in the United States, may fairly be allowed to embrace the whole history of the provision made up to the present time, so little being even attempted before 1776, as scarcely to effect the general result.

Previous to 1751 there was no regular provision for the care of the insane in America. In that year the Pennsylvania Hospital, at Philadelphia, was incorporated by the Provincial Assembly, for the purpose of providing for the sick poor, and for the *care and cure of the insane*. The first patient ever placed in such an institution for treatment for this disease, in this country, was admitted to that hospital on the 11th day of February, 1752, and ever since it has had a department specially devoted to those suffering from mental disorders. The next institution in order was the asylum at Williamsburg, Virginia, opened for the reception of patients in 1773, being the first State provision for the insane in this country. This constitutes about all that was done for the insane before the Declaration of Independence. Since

that time the progress of the work has been very variable, but the general result, on the whole, has been satisfactory and eminently honorable to the country ; the movement at this time being more active than at any previous period. From no provision whatever at the date first mentioned, there are now built, or being built in the United States, no less than seventy-six hospitals for the insane, which, when finished, will be able to accommodate as many as twenty-nine thousand patients. These include the institutions established and maintained by the different States,—being by far the largest number,—those controlled independently by a few large cities, three or four incorporated specially for this benevolent purpose, and rather more than the same number of private establishments owned and managed by individuals.

This statement gives the general result of what has been effected in a little more than a century, by the efforts of benevolent individuals to ameliorate the condition of the insane. Much more than this, however, has been done, and is worthy of being placed on record in this connection.

Although the first public document issued by those who founded the Pennsylvania Hospital in 1751, showed, for that day, a remarkably advanced state of opinion on the subject of insanity, for it was referred to as a disease, like other maladies, affecting the human body, to be treated like them, when necessary in hospitals, and by treatment when it was possible, to be “cured ;” still the general establishment of sound principles on the whole subject,

has been a very gradual work, and they are still far from being universal. Every year has shown an advance in public opinion, and there are good reasons for anticipating a steady progress in the right direction.

Among the principles now recognized by all who have studied the subject, and which are carried out with various degrees of thoroughness in our institutions, may be mentioned as the ground-work of all that follows, the belief that insanity is a disease of the brain, susceptible of relief by treatment, as much as other maladies, and as curable as others that are serious, when promptly and properly treated. Besides this, it is generally understood that a large portion of all the cases that occur, require removal from home, and treatment in institutions specially provided for the purpose, and that medical skill and various traits of character, not always combined with it, on the part of their officers, are particularly necessary to secure the best results; that gentleness, kindness, and sympathy are indispensable in the management of the insane, while neither cruelty nor punishment of any kind is ever, under any circumstances, to be tolerated. As securing many of these, and indispensable for the proper and successful working of hospitals for the insane, a great advance has been made, by establishing the principle that every such institution must have one head, a physician, whose authority must be paramount over all employed, and who must have the sole and absolute direction of the medical, moral, and dietetic treatment of the patients.

It does not seem to me a pleasant task, nor a profitable one, to detail the condition of the insane, and the prevalent views of insanity which existed a hundred years ago, for the sake of making a startling contrast with what they are at present. The insane having no treatment, no care, there being no institution for either previous to 1752, is the one fact that tells the melancholy history with sufficient distinctness. Whatever enlightened views are now held, and whatever provision has been made, are the outgrowth of the period referred to. It might, even now, be well for the insane, and for the people, generally, if all the literature on the subject of insanity in its early periods, all the records of what resulted from ignorance and superstition, all the parliamentary records of abuses of the last century, could be destroyed, and a fresh start taken, adopting all our present knowledge and all our most advanced and well-established views, as the condition, nothing less than which, should anywhere be tolerated.

There are still many writers for periodical literature, many public speakers, and even, now and then, as will be elsewhere stated, a professional publication that show how deleterious the study of this early literature regarding insanity has been. It has led many men, who have read little on the subject, to believe that whatever once was, now is, and all the more readily from having relied upon such sources of instruction, without having ever taken the trouble to make a personal examination and study of what is now being done for the insane, and witness-

ing how completely many of these ancient views and practices have been discarded.

No one will pretend that what has been done, even in the last decade, is perfect. Nothing human is so. But the whole tendency of the times is progression, and the more thoroughly and generally sound principles are recognized, the more certain is the work of the future to be an advance upon whatever has already been done. It must be acknowledged, too, that the want of sufficient accommodations for the insane of certain districts, joined to the effects of political influences being allowed to interfere with a judicious management, and in a few instances, the failure to secure a proper system of organization for these institutions, have produced a condition of things, for which, with the knowledge that is accessible to any one, there can be no possible excuse. These, however, are few and exceptional cases, whose days, it is to be hoped, are already numbered, and do not impair the general propositions already made.

The establishment of the Association of Medical Superintendents of American Institutions for the Insane in 1844,—with its various propositions in regard to the construction and organization of hospitals and the general management of the insane,—all or nearly all of which have now stood the test of a quarter of a century's trial,—in connection with the annual meetings of this body of practical men, and the full discussion of every subject appertaining to the care and well-being of this afflicted class,—has been one of the events which has contributed in

various ways to promote the best interests of the insane, and to elevate the character of American institutions for their treatment.

Among the objects that have been specially advanced by this association, and which are now generally recognized, are sound principles in regard to the classification of the patients, to hospital construction, heating, and ventilation, and to the official organization of these institutions, with one responsible chief, possessing, as already stated, an amount of power sufficient to insure harmony of action, and to produce the best results. Its action in regard to the legal relations of the insane has been recognized as sound and enlightened, and has influenced legislative action, and its annual meetings, steadily increasing in the number in attendance, in interest and usefulness, are among the evidences of the good work that has been accomplished by it.

The introduction of schools, and the very great extension of the means of occupation and amusement in hospitals, in the last century, are also worthy of mention. The prosecution of anatomical and microscopical investigations is receiving a fair share of attention, with results highly creditable to those engaged in them, and although their revelations may not furnish much additional light to guide us in the treatment of mental disorders, they are nevertheless of deep interest as matters of science, and as tending to confirm the reality of cerebral disease, in all cases of insanity.

Lectures on insanity were delivered by Dr. Benjamin Rush, in his regular course, in the University of

Pennsylvania, with clinical instruction in the wards of the Pennsylvania Hospital, of which he was one of the physicians, at least, as early as 1805; and, although the progress in this direction has been slow, there are evidences of a greater appreciation of its importance in several of the prominent medical schools of the country, in which short courses of lectures on mental disorders have been delivered by gentlemen practically familiar with the subject.

The literature of the subject, within a little more than half a century, is also creditable. Although mainly confined to the annual reports of the different institutions, and of special commissions, the careful study of these, will reveal a large amount of practical observations, and suggestions of a most valuable kind; and the various works of more pretensions, as of Rush, Ray, Bell, Brigham, Woodward, and others, are alike honorable to the profession and the country. To this period also belongs the credit of having started the first quarterly journal, in the English language, specially devoted to the discussion of insanity and collateral subjects, and which, after an existence of thirty-two years, still flourishes under an able direction, and it has been followed by several others devoted to the same class of investigations.

As an advance in sound principles, it is worthy of record, that the opinion seems to be steadily gaining ground, and can hardly fail, at no distant day, to be everywhere recognized, that each State in the Union is bound by every dictate of humanity, justice, and an enlightened economy, to make provision for all its insane in institutions of a high order. There is

hardly a State that has not commenced the work and has not a hospital. Some have several. Three or four have already very nearly provided for all their insane, and others are steadily going on in the same direction with every prospect of its early accomplishment. The general government has set a liberal example in this particular, and is evidently about to furnish abundant accommodations for all the insane of the army and navy and of the District of Columbia.

In the matter of economy, so much discussed by politicians, as well as philanthropists, it is hoped that we are gradually approaching the time when every body, every intelligent inquirer certainly, will acknowledge that it is better to cure those afflicted with insanity than to keep them as incurables, and that the best-constructed, best-arranged, and best-managed hospital is always cheapest in the end.

The absolute abolition of the cruel forms of restraint formerly so common, with the substitution of the gentler means of control now so generally adopted, also belongs to the period under consideration. The rule in this country now is, that mechanical restraint only of the mildest kind is ever to be used, that it is very rarely required under any circumstances, and that, when used, it is to be under the direction of the highest authority in the hospital only, and limited to the very shortest periods. Nevertheless, while the employment of mechanical means of restraint is regarded as an evil, and liable to great abuses, it is still believed that in certain conditions of a very limited number of the insane, it may be the smaller of evils.

It is felt that a properly qualified superintendent is better able to judge of the propriety of its use in these exceptional cases than any one else, or any body of non-professional men, and that any one who is not competent to do this, is hardly fit to be intrusted with the care of the insane and the direction of a hospital.

While of a hundred patients, ninety and nine may present no reason for the use of mechanical restraint, the fact that it may save life and prevent suffering in the hundredth, is deemed sufficient to keep us from insisting on its entire rejection, in order, that an absolute rule—no matter by how high authority, it may be promulgated—may be sustained. There is certainly good reason to believe that, in a very large proportion of all our institutions, the amount of real restraint, so far as the best interests of the patients are concerned, is as little, as in any country, and with perhaps, still less of the objectionable substitutes, which there is always danger to apprehend may be employed in the place of the occasional use of mechanical restraint. It is certain, that the records recently made by the highest official authorities in England and Scotland, show an aggregate of accidents and injuries, including loss of life, and of kinds and varieties rarely known here, which will hardly tempt us to allow any such absolute rule, to take the place of a wise and humane study of the necessities of each particular case.

In the care of the insane, as in many other things, novelties are not here always regarded as improvements. Many suggestions, good in principle, that

work well in most cases, are sadly deficient when applied to all. While it is pleasant to speak of treating insanity without "restraint," and as at "home," the reality can never be this. Mechanical restraint can anywhere be abolished, if it is deemed right that it should be, but restraint of some kind, is implied in the fact that the insane are placed under the care and control of others. Home discipline and home treatment are always tried, and have always failed before a hospital is resorted to. Windows without guards, and doors without locks, may anywhere be adopted, if we choose to do so, and take the consequences, but the unnecessary loss even of a single life, or the permanent maiming of one person, which sooner or later is sure to occur from such a course, will be sufficient to make the thoughtful ask, whether enough has been gained by this plan, to counter-balance the painful occurrences which must frequently result from it.

It is quite possible to have no mechanical restraint and the grossest cruelties, as it is to have a rational and rare employment of restraint, and the utmost kindness, gentleness, and everything that could be desired. Is mechanical restraint then desirable? Certainly not. Things are sometimes necessary that are not desirable in themselves. Brandy and opium are most undesirable when they can be avoided, and yet often they are undisguised blessings. The use of the knife is a confession of weakness, as the cure of diseases, without an operation, is the highest triumph of the surgeon's skill, and yet not to use the instrument, when it is indicated, is an acknowledg-

ment of a want of decision, or of an unwillingness to do what is best for the patient, from a fear of popular prejudice against it.

The disinterested and self-sacrificing labors of individuals, men and women, in ascertaining the condition of the insane in the receptacles in which they were formerly confined in large numbers, their eloquent appeals for legislative action in their behalf, and the noble results of these applications, ought not to be passed over, even in the briefest record of what has been done for the insane, in the period under notice, either in justice to those who have worked so faithfully, or as one of the highest forms of encouragement to others for labor of a similar character, in this, one of the most exalted fields of benevolence.

A centennial retrospect of what has been done for the insane in the United States—while it may gratify us all, as citizens of this country and friends of our race—will do but a small part of its proper work, if it does not make us search out our still existing deficiencies, and stimulate to activity our good resolutions, to do our full share in starting fairly, the record that will be made by those who come after us at the end of another century. The field for labor will always be abundantly wide, and no intelligent work in it, will ever fail to have its reward.

IMPORTANCE OF A FREQUENT DECLARATION OF PRINCIPLES.—To those who read the reports emanating from the various Hospitals for the Insane,

regularly and carefully, and who are themselves thoroughly imbued with correct views on the various subjects discussed, there must often appear a needless repetition of principles and details of practice, which, at this day, it might be supposed were familiar to every one, who had taken any pains to become posted in regard to insanity and the care of the insane. It is to be remembered, however, that every year brings a new set of readers for these documents—often persons who have never examined the subject at all—and that there is still a numerous class in every community, whose knowledge of insanity, its treatment, and the character and objects of hospitals for the insane is purely traditional, or mainly derived from the writings which belong to at least half a century ago, from the descriptions of the English receptacles of that period, parliamentary reports on their abuses, or the statements of partially cured patients, whose plausible fictions might readily deceive the most honest inquirer after truth, who resorted to no other sources of information. Rarely, but still now and then, a medical periodical, and notably, a prominent English one of recent date, is found dealing in assertions, showing such an amount of prejudice, or want of knowledge, or wilful perversion of facts, as to make one suspect that some unprincipled person had been imposing on the credulity of the editor; for a very little inquiry would have furnished a positive refutation of most of the charges, made without any qualification, and with the air of coming from a higher order of humanity.

All these things show that the time has not yet arrived, when it is proper to dispense with the frequent statement of facts and the correction of errors, even if doing so, seems to involve the repetition of principles that ought not to be questioned, and may be familiar to most. In no other way can a sound public sentiment be secured, and without this, large numbers of the insane must continue without the care and consideration to which they are justly entitled. In no other way can the mists of ignorance and prejudice be removed, or the false statements that come from mental disease, or from other causes, be controverted. The old adage about the rapid strides with which error travels, compared with the slower progress of truth, is just as true in regard to insanity as to anything else, and truth can vanquish error, only by being frequently presented to notice, in old or new forms, and on every suitable occasion.

CONCLUSION.—At the close of the thirty-fifth year of the Pennsylvania Hospital for the Insane, in its present location, and the hundred and twenty-fifth since the Pennsylvania Hospital was founded; with steadily increasing feelings of gratitude to an overruling Providence for all His blessings and mercies, I again commend the institution to your enlightened and liberal oversight, and to the generous sympathies of the whole community.


THOMAS S. KIRKBRIDE.

A P P E N D I X .

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

 Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, for indigent recent and supposed curable cases, only; and, judging from past experience, when thus used, will be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

a certificate of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of ——— made within one week of the date of this certificate, we find ——— to be insane, and a proper subject for hospital treatment.

—————, 1876. ————— M.D.
 —————, 1876. ————— M.D.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and ——— to before me, this ——— of ——— 1876, that the signatures thereto are genuine, and that the signers are physicians of respectability.

————— [L. S.]

APPLICATION.

I request that the above-named ——— may be admitted as a patient into the Pennsylvania Hospital for the Insane.

————— 1876. —————.

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, _____ dollars _____ cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove _____ when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.†

Witness our hands the _____ day of _____, 1876.

_____ [L. S.]

_____ [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What have been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?

10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

THE PENNSYLVANIA HOSPITAL FOR THE INSANE,
AT PHILADELPHIA.

To answer inquiries that are constantly being made, and to remove erroneous impressions occasionally entertained, not only in regard to the character, but also the objects, of the Pennsylvania Hospital for the Insane, the following sketch of its history, etc., is republished.

HISTORY.—Established by benevolent private citizens of this commonwealth, in 1751, the Pennsylvania Hospital was chartered by the Provincial Assembly of that year, as “the Contributors to the Pennsylvania Hospital,” and from the first had two departments, its objects being declared to be “the relief of the sick poor and the reception and cure of the insane;” this being the first regular hospital provision for the insane in America. This declaration of its objects manifested a remarkable degree of good sense, for while the ordinary sick poor were to be admitted, it was fairly implied that the insane, no matter what their social position or pecuniary means, were to be received, and not simply cared for, but “cured.” Such a recognition of insanity as a curable disease, at that early day, was much more in advance of the general public sentiment than can now be well imagined.

The first patient was admitted on the 11th of February, 1752, and the second, third, fourth, and sixth patients received were insane, two paying their ex-

penses, and two being treated without charge of any kind.

The hospital, at first, was kept in a private house on the south side of Market Street above Fifth Street, formerly the residence of Judge Kinsey, and for which a yearly rent of forty pounds was paid. The eastern wing of the Pennsylvania Hospital, at Eighth and Pine Streets, was finished and opened in 1756, and in the basement of this wing the insane were taken care of till 1796, when, on the completion of the west wing, they were removed to it, and continued to occupy that portion of the hospital, till they were transferred to the new building—now “the Department for Females”—on the west side of the River Schuylkill, and which, under the title of “The Pennsylvania Hospital for the Insane,” was opened on the 1st day of 1841. This building accommodated all the insane under the care of the Institution, till its crowded state led to the erection of an entirely new structure on the same grounds, and to the subsequent separation of the sexes. So that since the opening of this last building, now “the Department for Males,” in 1859, the Pennsylvania Hospital for the Insane has consisted of two distinct departments, that for males, capable of accommodating 250 patients, and that for females,—since the erection of the two Fisher Wards,—also capable of accommodating 250 patients, both being on the same tract of 113 acres of land, lying between Market and Haverford Streets, and Forty-second and Forty-ninth Streets, in the city of Philadelphia. The buildings are about one-third of a mile apart, have

91 acres devoted to gardens and pleasure grounds, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted of every class, profession, or creed, without regard to residence, and, as far as it is able, dispenses its benefits to those from our own State, not blest with this world's goods, as freely as to those who seem to have nothing to ask for but health.

RESULTS.—While the original structure at Eighth and Pine Streets was used,—a period of ninety years,—4366 insane patients were treated there, and of these 1493 were cured, 913 discharged improved, 995 removed without improvement, 610 died, 246 eloped, mostly before the square was permanently inclosed, 97 were transferred to the new Institution, and 12 were retained in town.

The Pennsylvania Hospital for the Insane began in 1841, with 97 patients, received from the old hospital, and with accommodations for 140. It can now receive about 500 patients. Since its opening it has received 7167 patients, and of these 3324 have been restored to their friends, cured; 1677 have been discharged in various stages of improvement; 853 left without improvement; and 894 died; while at this date 419 remain under treatment, with sixteen distinct classes or wards for men, and twenty for women. Of these patients, 1532 were received without charge, and about as many more paid less than the cost of

their support. While the insane were in the old hospital, the receipts from their care so much exceeded the cost, that fully \$100,000 were added to the capital stock from this source.

HOW ACCOMPLISHED.—All the land was obtained for the sum of \$30,000, and that and the original buildings at the Department for Females were provided at a cost of about \$325,000, these funds being obtained from the sale of a portion of the vacant lots surrounding the parent hospital in the city, and which lots originally cost but \$10,000. The Department for Males was provided at a cost of \$355,000, made up entirely from the contributions of benevolent individuals, nearly all of whom were residents of Philadelphia. The two Fisher Wards were built and furnished almost entirely from a special legacy of the late Joseph Fisher, of Philadelphia. This land, on which is the Pennsylvania Hospital for the Insane, will always be much more valuable to Philadelphia, for the purposes for which it is now used, and as a reservoir of fresh air for the neighborhood, than it could possibly be if covered with buildings of any description.

Whatever the Institution has received for board and medical attendance has been expended in the care and for the benefit of the patients. Beyond its receipts from this source, it has expended on free patients and those unable to pay the entire cost of their support, in thirty-five years, \$159,996 36,*

* During the same period, the Hospital at Eighth and Pine has expended on indigent patients, from the same source, more than \$900,000.

derived from the treasury of the corporation, or an average of \$4571 32 per annum, being, however, considerably less than the interest yielded by what the care of the insane had, previously to 1841, added to the capital stock of the corporation. The total amount expended on this class, in these thirty-five years, was \$408,198 64, or \$11,662 81 per annum.

No one connected with the Institution has any pecuniary interest in its income or in the receipts from the board of its patients.

It has never yet failed to have a weekly visit of inspection from a committee of its Board of Managers,—each serving two months at a time,—and these visits, with the regular service of its physicians and other officers, with supervisors, companions, and attendants living in the wards, constitute the system of personal superintendence for securing the greatest comfort and the best care of the patients.

It will thus be seen that all this provision for “the care and cure of the insane,” the relief of private families, and the protection of the community, and all these results, have been secured to our city and State, without any resort to the treasury of either. No one has been taxed to aid in this great work. What has been received has been given voluntarily. As insanity is a disease from which no one can claim exemption, as it differs from other maladies in requiring hospitals specially prepared for its treatment, and for which, in most cases, no amount of pecuniary aid can be a substitute, it is felt that this Institution is safe in relying, as it always has done, on the benevolence and liberality of private citizens, and

the intelligent appreciation of the community in the midst of which it does its work, for whose benefit it has ever been conducted, and who are specially fortunate in having it just where it is,—easy of access, with unusual facilities for management and for carrying out the great objects for which it was established.

ITS NEEDS.—The claimants for admission on the part of those unable to pay the full cost of their support, are constantly increasing, and are far beyond the resources of the Institution. Many of them are cases of the greatest interest and curable. It is to meet these applications, and to provide everything that will promote additional comforts, greater happiness, and give better chances of restoration for all its patients, that the Institution needs large additions to its resources, and especially a great increase of the permanent fund which has been liberally started by a few benevolent individuals.

Where free beds are established, they are for indigent recent and supposed curable cases, only; and, judging by past experience, when thus used, every such bed may be expected to be the means of restoring to reason and to society, from one to two patients in every year the Hospital shall exist.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1876.

BY THOMAS S. KIRKBRIDE, M.D.,

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA:

1877.

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OFFICERS OF THE INSTITUTION.

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PHYSICIAN IN CHIEF AND SUPERINTENDENT.

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Department for Males.

ASSISTANT PHYSICIAN.

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2D ASSISTANT PHYSICIAN.

WM. H. BARTLES, M.D.

3D ASSISTANT PHYSICIAN.

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2D ASSISTANT PHYSICIAN.

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MATRON.

ANNE JONES.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages for any of the officers or patients may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia; but letters come more promptly through the Post-Office.

Direct Telegraph Office, No. 107 South Third Street, 2d story.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

In obedience to the By-Laws of the PENNSYLVANIA HOSPITAL FOR THE INSANE, the undersigned presents to its Board of Managers his thirty-sixth Annual Report.

At the date of the last report, there were 419 patients in the Institution; since which 260 have been admitted, and 265 have been discharged or have died, leaving 414 at the close of the year.

The total number of patients in the hospital during the year was 679. The highest number at any one time was 451; the lowest was 397; and the average number under treatment during the whole period was 428; 210 males, and 218 females.

The number of males in the hospital during the year was 360, and the number of females was 319. The highest number of males at any one time was 223, and the highest number of females 228. At the beginning of the year there were 201 males, and 218 females. At this date there are 206 males, and 208 females. The number of males admitted during the year was 159, and the number of females 101.

Of the patients discharged during the year 1876, were

	Males.	Females.	Total.
Cured	42	51	93
Much Improved . .	4	16	20
Improved	39	13	52
Stationary	40	10	50
Died	29	21	50

Of the patients discharged "cured," thirty-three were residents of the hospital not exceeding three months; twenty-seven, between three and six months; sixteen, between six months and one year; and seventeen, for more than one year.

Of those discharged "much improved," nine were under treatment less than three months; three, between three and six months; three, between six months and one year; and five, for more than one year.

Of the "improved," twenty-one were under care less than three months; ten, between three and six months; twelve, between six months and one year; and nine, for more than one year.

Of those discharged and reported "stationary," thirteen were under care less than three months; fifteen, between three and six months; five, between six months and one year; and seventeen, for more than one year.

Twenty-nine males and twenty-one females have died during the year. Of these deaths, ten resulted from acute mania; four, from general paralysis; six, from acute melancholia; one, from the exhaustion of chronic mania; one, from pulmonary consumption; two, from epilepsy; eight, from paralysis; seven, from old age; one, from suicide; four, from disease

of the heart; two, from apoplexy; one, from pneumonia; one, from diarrhœa; one, from disease of the kidneys; and one from peritonitis.

Of the patients who died, eighteen were admitted for mania; eleven for melancholia; one, for monomania; and twenty, for dementia.

Of those who died, three were in the house less than one week; eleven, less than one month; five, were less than three months; six, between three and six months; six, between six months and one year; and nineteen, for more than one year. Of these last, four had been in the hospital between ten and fifteen years; three, between sixteen and eighteen; and one, for fifty-four years. One came to the hospital in a moribund condition.

STATISTICAL TABLES.—The tables given in this report embrace all the cases received into this hospital, since its opening in its present location on the first day of 1841. None of those treated, during a period of nearly ninety years, in the Pennsylvania Hospital at Eighth and Pine Streets, are included. The number of patients included in the tables given in this report is 7427, and the period of observation is thirty-six years.

Carefully prepared statistical tables always have a real value. What that value is, depends upon the number of patients observed, the carefulness of the observations, and the ability of the observers. Making every proper allowance for the many sources of error which exist, the liability to deception on many points, and the fact which belongs to nearly

all statistics on other subjects, that many of them are really, and must necessarily be, matters of opinion, still there does not appear to be any reason why those in reference to the insane should not be received with as much confidence as any in regard to the causes, character, and results of other forms of disease, in all of which the careful and conscientious observer will find the same kind of difficulty and doubt to exist. The addition of between two and three hundred cases, in every year, is steadily making our numbers great enough for reliable deductions and valuable opinions on many interesting points connected with the care and treatment of the insane, and to the same extent tends to keep us from the unreliable inferences that are pretty sure to result from a limited number of cases, or a short period of observation.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females	Total.
Admissions	3990	3437	7427
Discharges	3784	3229	7013
Remain	206	208	414

TABLE II.—*Showing the ages of 7427 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	288	213	501
Between 10 and 15	11	18	29	“ 55 and 60	186	142	328
“ 15 and 20	210	198	408	“ 60 and 65	147	117	264
“ 20 and 25	562	468	1030	“ 65 and 70	75	82	157
“ 25 and 30	575	540	1115	“ 70 and 75	61	59	120
“ 30 and 35	522	464	986	“ 75 and 80	29	17	46
“ 35 and 40	554	424	978	“ 80 and 85	5	10	15
“ 40 and 45	406	392	798	“ 85 and 90	1	—	1
“ 45 and 50	356	289	645	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 3990 male patients.*

Farmers	451	Hairdressers	3
Merchants	387	Police Officers	10
Clerks	409	Machinists	84
Physicians	90	Plane-maker	1
Lawyers	93	Iron-masters	2
Clergymen	47	Weavers	41
Masons	27	Bricklayers	17
Umbrella-makers	6	Brick-makers	6
Printers	41	Sail-makers	7
Teachers	50	Coopers	4
Officers of the Army	10	Jewellers	22
“ “ Navy	16	Potters	2
Students	75	Chair and Cabinet makers	41
“ of Medicine	19	Blacksmiths	45
“ of Law	10	Watchmakers	11
“ of Divinity	10	Hotel Keepers	54
Saddlers	16	Second-hand dealers	4
Peddlers	19	Cap Manufacturer	1
Tobacconists	29	Locksmiths	4
Carpenters	140	Millers	19
Bakers	19	Glassblowers	3
Seamen and Watermen	66	Wheelwrights	8
Planters	32	Gardeners	23
Manufacturers	90	Chemists	5
Coachmen	8	Print Cutters	2
Druggists	39	Curriers	2
Laborers	294	Tailors	47
Engineers	23	Shoemakers	104
Plasterers	19	Brokers	13
Bank Officer	1	Waiters	2
Conveyancers	8	Stove-makers	3
Bookbinders	17	Dentists	3
Hatters	10	Victuallers	19
Rope-makers	3	Soldiers U. S. A.	19
Tinmen	22	Brewers	3
Painters	33	Coach-trimmers	2
Brush-makers	2	Auctioneers	3
Paper-hangers	2	Plumbers	6
Boat-builder	1	Type Founders	3
Carvers	4	Telegraph Operators	4
Confectioners	14	Whip-maker	1
Coach-makers	9	Silversmiths	3
Public Officers	8	Photographer	1
Shipwrights	2	Wire-worker	1
Collectors	2	Upholsterers	4
Nurses	2	Drovers	5
Soap-maker	1	Brass Founder	1
Contractors	5	Pattern-maker	1
Authors	4	Comb-maker	1
Editors	6	Grocers	6
Railroad Conductor	1	Cigar-maker	1
Apprentices	3	Glove-makers	3
Musicians	5	Errand boys	3
Coppersmith	1	Engravers	2
Tanners	6	Electrician	1
Artists	23	Reporters	2
Dyer	1	No occupation	571

TABLE IV.—*Showing the occupation of 3437 female patients.*

Seamstresses or Mantua-makers	311	Daughters of Saddler	1
Storekeepers	28	“ Coach-makers	4
Attendants in stores	29	“ Contractor	1
Cigar-makers	4	“ Tinman	1
Teachers	97	“ Mason	1
Domestics	317	“ Hatters	2
Nurses	28	“ Publisher	1
Artists	5	“ Painter	1
Factory Girls	15	“ Glassmaker	1
Physician	1	“ Shipbuilder	1
Sister of Charity	1		
Clerks	5	Of the Married similarly situated, were—	
Actress	1	Wives of Clerks	102
School Girls	3	“ Teachers	22
Hairdresser	1	“ Farmers	249
		“ Brass Founders	4
Of the Single females, not pursuing a regular occupation, were—		“ Gardeners	7
Daughters of Farmers	155	“ Saddlers	5
“ Merchants	201	“ Printers	11
“ Masons	4	“ Machinists	38
“ Bank Officers	9	“ Masons	6
“ Weavers	20	“ Painters	4
“ Laborers	28	“ Stage Owners	2
“ Sea Captains	6	“ Cutler	1
“ Auctioneer	1	“ Bank Officers	14
“ Innkeepers	11	“ Innkeepers	39
“ Teachers	15	“ Bookbinders	4
“ Carpenters	18	“ Tinmen	4
“ Paper-makers	2	“ Editors	7
“ Physicians	19	“ Plasterers	4
“ Planters	33	“ Engineers	18
“ Watchmaker	1	“ Artists	13
“ Curriers	3	“ Bricklayers	2
“ Clerks	39	“ Paper-makers	3
“ Engineers	3	“ Collectors	5
“ Clergymen	25	“ Brick-makers	6
“ Miller	1	“ Seamen	13
“ Public Officers	22	“ Merchants	231
“ Officers of Army	2	“ Physicians	23
“ “ Navy	1	“ Lawyers & Judges	48
“ Lawyers	30	“ Shoemakers	41
“ Machinists	7	“ Hatters	6
“ Bricklayers	2	“ Cabinet-makers	20
“ Chair-makers	2	“ Laborers	194
“ Manufacturers	16	“ Grocers	8
“ Tailors	8	“ Clergymen	32
“ Waterman	1	“ Tobacconists	10
“ Bakers	5	“ Weavers	18
“ Printers	8	“ Sea Captains	4
“ Shoemakers	5	“ Victuallers	12
“ Druggists	3	“ Brush-makers	2
“ Artists	3	“ Tailors	25
“ Brick-maker	1	“ Millers	10
“ Blacksmiths	2	“ Police Officers	11
“ Musician	1	“ Carpenters	49
“ Dentists	4	“ Druggists	15
“ Victualler	1	“ Planters	15
		“ Peddlers	7

TABLE IV.—*Continued.*

<i>Wives</i> of Manufacturers . . .	63	<i>Widows</i> of Farmers . . .	64
“ Brokers . . .	2	“ Coopers . . .	3
“ Tanners . . .	13	“ Laborers . . .	41
“ Musician . . .	1	“ Manufacturers . . .	16
“ Conveyancer . . .	1	“ Lawyers . . .	7
“ Officers of Army . . .	9	“ Carpenters . . .	7
“ “ Navy . . .	3	“ Clerks . . .	19
“ Plumbers . . .	3	“ Tanners . . .	2
“ Blacksmiths . . .	11	“ Teachers . . .	2
“ Bakers . . .	4	“ Planters . . .	6
“ Waiters . . .	3	“ Bricklayers . . .	2
“ Confectioners . . .	3	“ Painters . . .	2
“ Hairdressers . . .	2	“ Seamen . . .	7
“ Contractors . . .	5	“ Engravers . . .	2
“ R. R. Conductors . . .	6	“ Engineers . . .	5
“ Dentists . . .	5	“ Machinists . . .	6
“ Watchmakers . . .	5	“ Masons . . .	2
“ Public Officers . . .	6	“ Printer . . .	1
“ Brewers . . .	3	“ Blacksmiths . . .	2
“ Optician . . .	1	“ Bakers . . .	2
“ Iron-master . . .	1	“ Druggists . . .	2
		“ Musician . . .	1
Of the <i>Widows</i> similarly situated, were—		“ Interpreter . . .	1
<i>Widows</i> of Merchants . . .	65	“ Tailor . . .	1
“ Physicians . . .	16	“ Dentist . . .	1
“ Public Officers . . .	11	“ Tinman . . .	1
“ Sea Captains . . .	7	“ Confectioner . . .	1
“ Hotel Keepers . . .	6	“ Silversmith . . .	1
“ Shoemakers . . .	24	“ Barber . . .	1
“ Clergymen . . .	6	“ Brickmaker . . .	1
		“ Coachman . . .	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 7427 patients.*

	Males.	Females.	Total
Single	1954	1435	3389
Married	1830	1584	3414
Widows	—	418	418
Widowers	206	—	206

TABLE VI.—*Showing the nativity of 7427 patients.*

Natives of Pennsylvania .	3957	Natives of England .	310
“ New Jersey .	350	“ Scotland .	45
“ Delaware .	174	“ Ireland .	922
“ Maryland .	215	“ Germany .	397
“ Virginia .	101	“ Poland .	9
“ North Carolina .	64	“ Prussia .	14
“ South Carolina .	56	“ Switzerland .	9
“ Georgia .	32	“ Bermuda, W. I. .	2
“ Alabama .	19	“ Jamaica, “ .	2
“ Tennessee .	25	“ St. Domingo, “ .	4
“ Indiana .	11	“ Barbadoes, “ .	4
“ Kentucky .	34	“ Cuba, “ .	14
“ D. of Columbia .	20	“ Guadaloupe, “ .	1
“ Maine .	20	“ Martinique, “ .	1
“ Massachusetts .	91	“ St. Croix, “ .	1
“ Connecticut .	47	“ St. Thomas .	2
“ Missouri .	16	“ Isle of Madeira .	1
“ Ohio .	48	“ Isle of Man .	1
“ New Hampshire .	10	“ Spain .	3
“ Louisiana .	24	“ Italy .	3
“ Rhode Island .	13	“ Denmark .	3
“ New York .	240	“ Holland .	4
“ Mississippi .	11	“ Russia .	1
“ Vermont .	7	“ Austria .	4
“ West Virginia .	4	“ Bavaria .	4
“ Michigan .	2	“ Venezuela, S. A. .	1
“ Iowa .	2	“ Norway .	1
“ Texas .	5	“ Japan .	1
“ Illinois .	9	“ Costa Rica .	2
“ Florida .	3	“ St. Kitts .	1
“ Sicily .	1	“ Mexico .	1
“ Nova Scotia .	2	“ Brazil .	2
“ Canada .	18	Born at Sea .	1
“ France .	25		

TABLE VII.—*Showing the residence of 7427 patients.*

Residents of Pennsylvania .	6047	Residents of Maine .	3
“ New Jersey .	268	“ Rhode Island .	6
“ Delaware .	156	“ New York .	176
“ Maryland .	164	“ Florida .	4
“ Virginia .	69	“ Wisconsin .	2
“ West Virginia .	9	“ California .	4
“ D. of Columbia .	31	“ Oregon .	1
“ North Carolina .	56	“ Minnesota .	2
“ South Carolina .	37	“ Kansas .	3
“ Georgia .	32	“ Montana .	2
“ Alabama .	23	“ Colorado .	2
“ Louisiana .	44	“ Jamaica, W. I. .	2
“ Tennessee .	16	“ Barbadoes, “ .	4
“ Kentucky .	22	“ Cuba, “ .	12
“ Arkansas .	4	“ St. Croix, “ .	1
“ Mississippi .	14	“ St. Thomas, “ .	3
“ Vermont .	4	“ Isl. of Madeira .	1
“ Texas .	13	“ Germany .	3
“ Illinois .	24	“ Venezuela, S. A. .	2
“ Michigan .	7	“ England .	2
“ Ohio .	51	“ Norway .	1
“ Indiana .	16	“ Costa Rica .	2
“ Missouri .	24	“ Mexico .	2
“ Massachusetts .	22	“ Canada .	7
“ New Hampshire .	1	“ Japan .	1
“ Iowa .	7	“ Nova Scotia .	1
“ Connecticut .	15	“ Brazil .	2

TABLE VIII.—*Showing the supposed causes of insanity in 7427 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	749	611	1360	Mortified pride . .	2	1	3
Intemperance	620	53	673	Celibacy	1	—	1
Loss of property . .	198	48	246	Anxiety for wealth .	3	—	3
Dread of poverty . .	3	3	6	Use of opium . . .	11	17	28
Disappointed affec- tions	32	58	90	Use of tobacco . .	15	2	17
Intense study . . .	39	13	52	Lead-poisoning . .	1	—	1
Domestic difficulties	50	96	146	Use of quack medi- cines	2	2	4
Fright	17	43	60	Puerperal state . .	—	287	287
Grief, loss of friends, &c.	81	264	345	Lactation too long continued	—	12	12
Intense application to business	50	11	61	Uncontrolled passion	5	7	12
Religious excitement	88	132	220	Tight lacing	—	1	1
Political excitement	14	—	14	Injuries of the head	92	7	99
Metaphysical specu- lations	1	—	1	Masturbation . . .	92	3	95
Want of exercise . .	6	2	8	Mental anxiety . .	171	282	453
Engagement in duel	1	—	1	Exposure to cold . .	5	1	6
Disappointed expect- ations	14	17	31	Exposure to direct rays of the sun . .	69	3	72
Nostalgia	—	8	8	Exposure to intense heat	1	1	2
Stock speculations .	2	—	2	Exposure in army . .	6	—	6
Want of employment	44	2	46	Old age	—	3	3
				Unascertained . .	1505	1447	2952

TABLE IX.—*Showing the ages at which insanity first appeared in 7427 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years . . .	18	4	22	Between 45 and 50	287	235	522
Between 10 and 15 .	62	67	129	“ 50 and 55 . . .	198	166	364
“ 15 and 20 . . .	383	335	718	“ 55 and 60 . . .	141	121	262
“ 20 and 25 . . .	698	615	1313	“ 60 and 65 . . .	103	76	179
“ 25 and 30 . . .	679	604	1283	“ 65 and 70 . . .	45	25	70
“ 30 and 35 . . .	473	466	939	“ 70 and 75 . . .	23	20	43
“ 35 and 40 . . .	505	360	865	“ 75 and 80 . . .	14	8	22
“ 40 and 45 . . .	359	328	687	“ 80 and 85 . . .	2	7	9

TABLE X.—*Showing the forms of disease for which 7427 patients were admitted.*

	Males.	Females.	Total.
Mania	1719	1640	3359
Melancholia	906	1113	2019
Monomania	595	411	1006
Dementia	755	268	1023
Delirium	15	5	20

TABLE XI.—*Showing the duration of the disease at the time of admission in 7427 patients.*

	Males.	Females.	Total.
Not exceeding 3 months	1801	1913	3714
Between 3 and 6 months	324	261	585
“ 6 months and one year	503	392	895
“ 1 and 2 years	533	342	875
“ 2 and 3 “	265	151	416
“ 3 and 4 “	149	91	240
“ 4 and 5 “	95	59	154
“ 5 and 10 “	166	122	288
“ 10 and 15 “	68	47	115
“ 15 and 20 “	29	27	56
“ 20 and 25 “	29	15	44
“ 25 and 30 “	12	10	22
“ 30 and 35 “	7	4	11
“ 35 and 40 “	4	—	4
“ 40 and 45 “	4	2	6
“ 45 and 50 “	1	1	2

TABLE XII.—*Showing the number of the attack in 7427 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	2943	2439	5382	10th 7 m. 6 f., 11th 3 m. 4 f. .	10	10	20
Second “	594	596	1190	12th 3 m. 3 f., 13th 1 m. 2 f. .	4	5	9
Third “	188	207	395	14th 1 m. 3 f., 15th 1 m. 1 f. .	2	4	6
Fourth “	94	80	174	16th 1 m., 17th 2 m.	3	—	3
Fifth “	48	47	95	18th 4 m., 19th 2 m.	6	—	6
Sixth “	59	17	76	20th and 21st each 1 m. and 1 f. .	2	2	4
Seventh “	18	6	24	22d 1 m., and to 26th each 1 f. .	1	5	6
Eighth “	12	8	20	27th 2 f., 29th 1 f.	—	3	3
Ninth “	6	4	10	30th, 31st, 32d, 33d, each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of 7013 patients, who have been discharged or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1730	1687	3417	1909	944	465	96	3
Much improved	229	351	580	242	218	84	36	—
Improved	662	507	1169	410	337	206	216	—
Stationary	617	286	903	288	205	122	287	1
Died	546	398	944	406	196	41	285	16

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions	Discharges.	Cures.	Deaths.
1st month	592	596	253	87
2d "	552	422	208	69
3d "	646	524	250	75
4th "	735	547	259	86
5th "	758	643	304	96
6th "	714	597	288	57
7th "	620	659	327	85
8th "	580	629	311	92
9th "	570	618	315	84
10th "	585	616	323	74
11th "	541	580	284	65
12th "	534	582	295	74

EVENING ENTERTAINMENTS, OCCUPATIONS, AND AMUSEMENTS OF THE PATIENTS.—Another year, making the eighth, is added to those in which during nine months, at one department, there has been no one evening without some special provision being made for occupying and amusing the patients, in which a large proportion of the whole number could participate; and very nearly the same course was carried out at the other department. And now, so fully satisfied have all become of the importance of this arrangement, to the best interests of the institution and patients, that hereafter it will be one of the established rules, at both departments; the Board of Managers having given positive instructions that during the period referred to, there shall be no evening unoccupied, while during the remaining three months of our warmest weather, the entertainments will be frequent, but at less regular intervals.

Our collection of photographic pictures, the great basis of the entertainments, has steadily increased,

while our friends, who have so kindly given lectures, readings, and concerts on frequent occasions, have placed us under great obligations for what they have done during the year just ended. In addition to these, as worthy of especial mention for continued success, may be mentioned the officers' weekly tea parties, given in turns to every ward, the gymnastic exercises, and various exhibitions of an instructive or amusing character.

I have again to make special mention of an extended and varied course of readings by the same gentleman, to whom we have so often on previous occasions expressed our obligations. During the year just closed this course has numbered more than forty, and the only weekly visits omitted have been from sickness, absence from home, or extraordinary engagements. This simple statement, to those who have work to do, and know the value of time, will of itself show how fairly our obligations are earned, whatever may be the personal pleasure secured by ministering to the happiness of others.

Additional provision has been made for daily carriage riding at the Department for Males, so that hereafter the facilities for this important feature in the treatment of certain classes of the patients, will be more nearly equalized in the two branches of the institution.

IMPROVEMENTS.—The most important improvement in the buildings made this year, is the thorough renovation of the kitchen at the Department for Females, which is now entirely satisfactory, and

about as complete as we can well make it. The whole breastwork on its north side, and the iron column standing in the centre were removed, and iron girders substituted, to support the floors and the structure above, while an entirely new range, greatly enlarged and improved, broilers, steamers, and apparatus for making tea and coffee and warming milk were introduced, the position of the rotary roaster changed, and sliding-doors and improvements made, which have added greatly to the efficiency of the kitchen, and the convenience and comfort of those employed in it. The kitchens at both departments may now fairly be referred to as models of their kind, and provided at as little cost as anything at all comparable to them in excellence can be procured.

At the Department for Males, the extensive brick pavements in the patients' yards connected with the south one-storied buildings have been removed, and North River flagging substituted. This change was rendered necessary by the frequency with which the bricks were loosened, and now and then used improperly by excited patients. The change has been satisfactory in every respect, and cost \$1731.98.

The bricks taken from these walks have been used in paving the basement on either side of the railway, and the railway itself, after seventeen years of constant use, has been renewed as far as the centre building. A floor of Portland cement has been put down in the north basement corridor at the Department for Females, that previously there, after thirty-five years use, having become much worn, principally

by the moving of coal and ashes during the period, when that building was warmed by hot-air furnaces.

The introduction of a mangle driven by steam-power, and with one of the cylinders heated by steam, at the Department for Females, has led to the removal of that kind of work to the wash-house, and has added much to the completeness of the laundry arrangements. New washing machinery has also been introduced at the Department for Males.

MUNICIPAL IMPROVEMENTS.—A great amount of costly work has been done during the past year in connection with the municipal improvements in our immediate vicinity. A large amount of earth was used in filling up the meadow between the two departments, which, owing to the culvert across Market Street being placed above the bed of Mill Creek, had been covered with water, and which it was feared might be prejudicial to the health of the neighborhood during the approaching summer.

In addition to this, 500 feet of the boundary wall on Market Street were taken down and rebuilt twenty feet further north, and all the bank of earth, in some places as much as twenty feet high, thus thrown into the street, was removed, and a very strong supporting wall built on the line of the street, and new roads made inside of the grounds. The tenements owned by the corporation were repaired and moved back to the street line, and much filling was done near the line of Powelton Avenue. A neat and substantial fence has also been put on the line of the hospital property, extending from its eastern limits to the boundary

wall of the Department for Males, excepting that part which is occupied by the supporting wall already alluded to, and some of which wall is as much as sixteen feet high. The brick foot-walk has been commenced, and but for the early cold weather would, ere this, have been entirely finished. Excluding the work done by the regular hospital hands, the amount paid thus far during the year, on account of these municipal improvements, is \$10,381.98.

There are still very desirable municipal improvements both on the eastern and western sides of the hospital grounds, which, on very many accounts, it is hoped, will be made at an early day. Notwithstanding the expense that will thus necessarily be incurred by the Institution, it cannot but be greatly interested in their early completion. When these are done, and Forty-second and Forty-ninth Streets curbed and paved, the entire hospital grounds, with a very small exception, will be surrounded by broad, open streets, and we shall be able to turn our attention to a still higher class of improvements inside of the enclosure, while the neighborhood will have all the benefit of a great reservoir of fresh air of more than a hundred acres, being, in a sanitary point of view, of about equal value to the city as a Park of that extent.

The great value of these open spaces in a densely built city can hardly be over-estimated, and no opportunity for securing as many of them as possible should ever be neglected. The wise foresight of the Managers, who, more than thirty years ago, secured this site for the Institution, and which has proved

such an admirable one, ought always to be held in grateful remembrance for what they did to secure an open space of this extent, for a portion of Philadelphia, in which but little provision of the kind would have been made.

IMPROVEMENTS FOR THE FUTURE.—In addition to the municipal improvements yet to be made on the eastern and western sides of the hospital grounds, and which, it is hoped, may be completed at no distant day, there are also other improvements of great importance in connection with the hospital buildings and grounds that should not be lost sight of.

The eighth ward north at the Department for Males has never yet been occupied by patients, but the steady increase of our numbers will, before long, make it necessary to give it up to its legitimate use, especially as it has many advantages for the class for whom it was specially intended. Having been used for seventeen years as a workshop or for storage purposes, it will require a complete renovation, including painting of all the wood work and walls, planing the floors, etc. In addition to this, an entirely new set of radiators for the air-chambers will be necessary; and while doing this, it will be the proper time to carry out, what I have long deemed desirable, and which will add greatly to the completeness of our heating apparatus; of which, however, it is only just to say, that it has given us great satisfaction during the seventeen years it has been in use. The work that is now done by our boilers, in very cold weather, is quite as much as can be economically

done by them, and it would be a great addition to our resources to have a supplementary arrangement on the north side, fully adequate not only to warm the whole of the north one-storied buildings, but also, on an emergency, the extreme section of the north wing, or the 2d, 4th, and 8th wards. This arrangement would prevent forcing the fires in very cold weather to such an extent, that much fuel would be saved, and, in case of accident to the main apparatus, it would give a resource that might prevent serious suffering, while the work would certainly be more efficiently done than in any other way. The mode in which this should be effected, is to put up on the line of the road surrounding the grounds, near Haverford Avenue, a building which need not be much, if any, above the level of the surrounding ground, and placing in it one or more boilers, a small engine and fan, and providing vaults for coal and ashes, immediately adjoining.

The duplication of means of supply for water and heat is really a matter worthy of consideration in any large institution, and especially for the water supply, without which even the heating by steam cannot be carried out. At both departments of this hospital the importance of this course has been recognized; all our complete pumping machinery connected with the well and pond having been retained and frequently used, as a resource in any possible difficulty with the city waterworks, from which we have for some years been supplied; and this same consideration led to the use of so large a boiler for the North Fisher Ward.

It will also be desirable to arrange for additional water-closets, and probably a division of the yards, so as to secure for the one-storied buildings a more complete classification among the excited patients, of whom only a small number should ever be in one ward.

What will be soon wanted at the Department for Females, is a ward similar to the North Fisher Ward, to be placed at a corresponding point on the southern side of the grounds. This will give symmetry to the main front of the buildings, and provide for the full number always regarded as the maximum for each of our hospitals. To provide for this number in the very best manner, requires a larger number of rooms than was originally estimated for. These additional accommodations are made necessary by the greatly increased number of special and other attendants, of supervisors and companions, and of medical officers, that a steadily developed higher grade of care and treatment has rendered desirable, and all of whom but the last, are to be accommodated in the different wards in which they are engaged, and who just to that extent take beds that formerly were estimated for patients.

The North Fisher Ward has now been so long in use, and has given such entire satisfaction, that we should only have to duplicate it in almost every particular; and we also know just what would be the cost of such a building, ready for occupation by patients, fully furnished with all desirable internal arrangements, and with heating and ventilating apparatus complete. This cost certainly would not

exceed \$40,000. It is to be hoped that some one as generous and as appreciative as the late Joseph Fisher, will ere long furnish the means to carry out this most desirable improvement, recognizing in it a permanent investment, with unquestionable security, and with certain returns that could not but be satisfactory; for, in addition to the great benefits conferred on the thirty patients of the Institution who would occupy its rooms, it would endow at least no less than seven free beds. These beds, if carefully restricted, as required by the rules, to recent and supposed curable cases, for whom they are intended, would in every year the Institution may exist, be the means of restoring to health and to their families, at least twice that number of our afflicted fellow-beings, who could in no other way avail themselves of the advantages offered by the hospital.

It will also be desirable, at no distant day, to place the southern boundary wall, on the line of Market Street, as far down as the cottages on that street, belonging to the Institution, and then obliquely to the line on which the wall now stands, near the wash-house. This would, at no great expense, make a valuable addition to the patients' pleasure-grounds; this land, at present, being of little use to the Hospital.

ACKNOWLEDGMENTS.—Among the pleasant duties incident to the close of the year, has always been that of expressing our acknowledgments to the many friends from whom we have received tokens of their interest in the Institution, and in the comfort and happiness of its patients.

To Professor John S. Hart, we are indebted for a course of lectures on Shakspeare; to Francis Wells, for the extended course of readings, already referred to; to John W. Forney for a lecture; to Dr. Robert P. Harris for three lectures, and a set of manuscript lectures on Italy; to Dr. I. P. Trimble for a lecture; to Dr. J. V. C. Smith for a lecture on Turkey; to Jacob P. Jones for \$100 for Christmas; to Joseph C. Turnpenny for \$50 for the Amusement Fund, and a collection of books; to William Blanchard for \$50 for the Amusement Fund; to Mrs. Gatchell for \$20 for the Amusement Fund; to Wistar Morris for a piano and illustrated papers; to a "Friend" for a contribution to the Christmas festivities; to Willard & Kockesperger for a fine flag-pole; to Horstmann, Brother & Co. for a large Centennial flag; to Supplee & Pennypaker for cement flooring, without charge; to the Choir of the Church of the Epiphany for three concerts; to John Jay Smith, President, and the Directors, for a lot in the West Laurel Hill Cemetery; to Samuel Welsh, Jacob P. Jones, and John S. Haines for tickets to the Zoological Garden; to W. Garner for a pony sleigh; to "a Friend" for a collection of books; to Joseph C. Turnpenny for a cedar of Lebanon; to James W. Queen for curiosities for the museum; to a "Friend" for pictures for the wards; to M. B. Edson for deduction from bill for self-registering steam recorder; to John Lafferty for two thermometers; to Isaac S. Williams & Co. for deduction from bill; to the Knickerbocker Ice Co. for deduction from bill; to Thomas A. Robinson and T. L. Gillespie for \$7.50 for Christmas; to Mrs. Behrens and friends for several concerts; also to Prof.

Thunder, Miss Davenport, Miss Forney, Miss McCastney, Mrs. Everest, Miss Kelley, Mr. James Warrington, Mr. and Mrs. Monteith, Mr. Engelman, and their friends for several concerts; to the members of Beck's Brass Band for a concert; to Miss Stafford, Mrs. Davenport, Mrs. Lachman for readings to the patients; to Sarah C. Savage for fifty hymn-books; to B. F. Duane for an entertainment; to J. F. Eppelsheimer for all the leather belting required at the Department for Males; to the Publishers of the "Philadelphia Evening Bulletin," the "City Item," the "Commercial List," the "Sunday Times," and the "Phoenixville Messenger" for copies of their papers; to Grant & Ferris, George H. Stuart, Wanamaker & Brown, William Ray, Dr. William P. Moon, Evan Morris, and Miss Wright for periodicals; to Sylvester J. Megargee for a large lot of Southern fruit; and to James W. Queen & Co., McAllister & Co., and Bannerman & Wilson, we continue to be indebted for the use of magic-lantern slides for our evening entertainments.

No change has occurred among the resident officers of the Hospital during the past year; Dr. S. Preston Jones, as heretofore, continuing, with great efficiency, in immediate charge at the Department for Males, and having as medical assistants Drs. Wm. H. Bartles and Frank F. Corson. George Jones is Steward, and Hannah Sager, Housekeeper. At the Department for Females, Dr. William P. Moon remains as 1st Assistant Physician; Dr. Robert J. Hess, 2d Assistant Physician; Joseph Jones, Steward, and Anne Jones, Matron. To all those who are

thus associated with me, and to all others in any way connected with the care of the patients, it is always a great satisfaction to express my obligations for all the valuable assistance they have given in the promotion of the comfort, happiness, and restoration of the patients, and the general welfare and prosperity of the Institution.

There is no one in any position, from the highest to the lowest, about a hospital for the insane, but has always present a field for the abundant exercise of the best mental faculties, and for the most useful labor. For the full development of this usefulness, however, it is required that there should be something of genuine enthusiasm for the work in hand, and not rarely a self-sacrificing spirit, that is possessed by only a limited portion of those who are willing to engage in this form of occupation. While every accomplishment and the highest intellectual culture unquestionably add to the capacity of any one in this great field for benevolent labor, it is not to be disguised that these alone are of little value; while very often, persons possessing them in a very moderate degree, by their genuine sympathy and kindness of heart, their rare combination of absolute gentleness with a rational degree of firmness, their perfect unselfishness, their tact, and their untiring devotion to their charge, become the most valuable aids in the care of the insane, winning alike the respect and gratitude of their official superiors and of the patients and their friends. Nor, in any statement of those to whom, in the care of the inmates of a hospital for the insane, obligations are justly due

for valuable services rendered, should those patients be forgotten, who often succeed in doing, what no one else seemed able to effect among their fellow patients. Between them and their fellow sufferers there is often formed a tie of the most enduring kind, and which frequently leads to warm and lifelong friendships. Testimony, or advice or suggestions from convalescent patients, or even from those who, while suffering from delusions in regard to themselves, can still fully appreciate the mental condition of others, are often received with a degree of faith not awarded to those more directly connected with an institution. To patients who live on from week to week, or month to month, without feeling any ground for encouragement in their own cases, it is often a cheering revelation to hear one, who had long been a companion in despondency, declare that the cloud which had darkened existence had disappeared, and, with this change, every object was seeming brighter than ever, while all that had passed, real as it had constantly seemed before, was remembered only as a terrible dream, whose existence and character now appeared incomprehensible.

It does not require a very long intercourse with the insane, to learn that among those affected with this malady, will always be found not a few, whose elevated and excellent traits of character would render them most desirable members of any society, and who, after recovery, while recognizing fully what they may have suffered, also appreciate the wisdom they have learned from this form of experience. It is rare that a year passes but that to just such as

these, I feel an indebtedness for the valuable assistance which they have, often unconsciously, rendered in that form of treatment most desirable to have, and most difficult to obtain.

RECEIPTS AND EXPENDITURES.—The following abstracts of the receipts and expenditures at each department of this hospital, during the year 1876, have been transcribed from the books, by the Stewards of the Institution, viz:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$29,412 27
Household expenses	43,420 60
Furniture	7,233 32
Lights	2,599 37
Fuel	9,002 88
Garden, grounds, live stock, and carriages	1,556 04
Grain and feed for stock	1,128 37
Repairs and improvements	6,112 78
Medical department	1,698 93
Amusement of patients	550 19
Stationery and printing	837 57
Library	73 97
Telegraph rent and messages	301 69
Legal expenses	300 00
Miscellaneous	163 97
<hr/>	
Total expenditures	\$104,391 95
Net receipts	104,863 66
Average number of patients	210
“ “ free patients	14
Amount expended in 1876 on free patients	\$6,996 08

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds	\$26,554 54
Household expenses	39,096 91
Furniture	4,260 24
Lights	1,943 53
Fuel	5,999 90
Garden, grounds, live stock, and carriages	1,508 31
Grain and feed for stock	2,059 30
Repairs and improvements	8,927 71
Medical department	1,625 83
Amusement of patients	845 79
Stationery and printing	746 58
Library	252 80
Telegraph rent and messages	169 47
Miscellaneous	174 28
<hr/>	
Total expenditures	\$94,165 19
Net receipts	94,668 99
Average number of patients	218
“ “ free patients	32
Amount expended in 1876 on free patients	\$15,822 40

The average number of free patients receiving the benefit of the Hospital is very nearly the same as last year, and the amount expended on this class, in 1876, was \$22,818 48.

THE CENTENNIAL YEAR AND SOME OF ITS RESULTS.—In my last report I mentioned the great interest felt by our entire household in the approaching Centennial International Exposition, and the

reasons we had to anticipate its being among the prominent points of attraction to the inmates of the hospital during the year.

All our anticipations have been more than realized. During the preparation of the buildings and the arrangement of the Exhibition, it was a constant subject for discussion, and a special point to visit; and after the opening of the Exposition, it was the one object towards which every one's attention was directed, and no matter how often seen, it was always with an unsatisfied gratification. During all these visits, nothing ever occurred that led to any serious results, and we have left only the delightful remembrances of the year, with its unparalleled collection of objects of interest from nearly every section of the globe, and of the people and friends whom it brought to Philadelphia.

The prospect of having a permanent Exposition in a portion of the same buildings—and which must be a source of such real benefit and gratification, not only to our own community, but to thousands elsewhere, who will gladly revisit the scene of their pleasant sojournings during the past season—is looked forward to by our household with great satisfaction, as adding another and most valuable permanent object of interest, combining, as it is sure to do, pleasure, occupation, and information, and in our own immediate vicinity. With good paved walks, carriage-drives, and horse-cars leading directly to it, it is most conveniently accessible in either of these ways, and from ten to twenty minutes, according to the one selected, will at all times allow those

patients who are able to do so, to have the certainty of passing a portion of the day in a mode admirably calculated to attract their attention, and to divert their thoughts from themselves and their delusions. It is therefore no idle form when we express, on behalf of the institution, our great obligations to those whose energies and disinterested labors have secured for Philadelphia, this great addition to its steadily increasing attractions.

Another incidental result of the Exposition, worthy of record and exceedingly pleasant to every one, was the frequent visits to the hospital of those, who in former days had been patients here, and our being enabled to witness the great interest they manifested in the institution, and their attachment to many of those whom they had known while among its residents. Many of these had not been at the hospital for periods as long as ten, twenty, or thirty years, and had all the feelings that might naturally be supposed to exist, on revisiting the institution to which they felt, they were under lasting obligations for the good health they had had, and were still enjoying.

In addition to the class of visitors just referred to, in whom it was natural to feel a very special interest, we also had the gratification, during the entire season, of being able, almost every day, to show to a large number of people, from nearly every section of the United States and from many foreign countries, a hospital for the insane in its ordinary daily routine operation. To a large part of these, this was a complete revelation, almost as great a novelty as anything seen in the Exposition, and often so entirely

different from all their anticipations, that it is hoped that sounder views in regard to what has been done, and is now being done, for the care and treatment of the insane, may thus have been disseminated in quarters most widely separated—views which might otherwise never have been attained, and the effects of which in individual cases and in whole communities, may be much greater than we shall ever know.

To many of our visitors there were certain features in the character of the Pennsylvania Hospital, that seemed to excite especial surprise and admiration, and none more than its origin and objects, and the fact that it has always, in all its departments, been kept up without state or city appropriations, or being any burden to the community, and without any one connected with it having a pecuniary interest in its success. Its reliance upon the benevolence and liberality of private individuals, extending through a period of a century and a quarter, and the results of such confidence, gave to many, hints as to what, after all, has proved the very best dependence for successfully carrying out the benevolent objects of its founders. As it has been in the past, so, I have no doubt, it will be in the future.

The year just closed has also been remarkable for the number and distinguished character of the medical associations that met in Philadelphia, and for the importance of their proceedings, while all of them manifested a deep interest in the subject of insanity and the care of the insane.

The State Medical Society deserves prominent mention in this connection, from the interest it

has shown in this specialty, and for the successful results that have come from its labors in this direction. It has for many years had a special committee on this subject, and to the faithful labors of this committee, and the steady and intelligent support given it by the members of the society, the State is in a great measure indebted for a general improved understanding of the subject, and especially, for the new hospital at Danville, and that now in course of construction at Warren, both of which are likely to be very creditable to Pennsylvania.

The American Medical Association is coextensive with the United States, and like the State Medical Society, it has long had a standing committee on the subject of mental disorders, and frequently important papers on the subject have been read before it.

The International Medical Congress was a body of men belonging to the medical profession, rarely if ever equalled for the high character of those participating in its proceedings, the number of its members, the many countries represented, and the value of its papers and discussions. One section of it was specially devoted to mental diseases, and held daily meetings during the entire session of the Congress.

The Association of Medical Superintendents of American Institutions for the Insane completes this list. Established in Philadelphia in 1844, it has held annual meetings in various sections of the United States, and in Canada, and has visited and fully examined a large number of the institutions for the insane throughout the country. Beginning with

thirteen members, the number has gone on increasing, till there have been as many as sixty in attendance. This was its fifth visit to Philadelphia, and we had the gratification, as on all the other previous occasions, of having the members and their families spend an entire day and evening at the different departments of this institution.

With a most remarkable degree of unanimity, after the freest discussion and comparison of views, this Association has declared its convictions, on nearly every point of interest connected with the care and treatment of the insane. Almost all these propositions and resolutions have been re-affirmed on more than one occasion, and at this last meeting, it was directed that they should be collected and printed for the use of the members, and for the information of those who are specially interested in the welfare of the insane.

This frequent affirmation by the Association of its confidence in the views previously expressed, is important as showing, not only what were the convictions of the members at the time of their expression, but also that matured reflection, enlarged experience, and a careful study of the whole subject, have only confirmed the soundness of the principles that will be embraced in the proposed collection. Nor were these conclusions arrived at, without a most careful personal inspection of institutions, varying greatly in character, both at home and abroad—for more than twenty of the superintendents or other medical officers of our hospitals, who were prepared by previous study and observation to make these ex-

aminations valuable, have visited most of the prominent institutions of Great Britain and those on the continent.

It can hardly be called presumptuous to say that to this association, in no small measure, is to be attributed the real progress that has been made in the provision for the treatment of insanity, and in the character of hospitals for the insane in America, during the last quarter of a century, and it can scarcely be doubted but that it is from this same source that genuine progress will originate in the future.

To many who have not made a special study of insanity and the care of the insane, it may be interesting and profitable to know some of the more prominent views and principles of this Association, as shown in its proceedings and discussions. Without going over the reasons for these conclusions—unanswerable as I believe most of them to be—and omitting others about which there may be some difference of opinion, it will be found that there are still enough which, honestly carried out, will be sure to secure all that is needed for the proper care of the insane.

In giving some of the more prominent of these principles, it is always right to begin with what must be the basis for a reliable superstructure, and without a knowledge of which, public sentiment is not likely to lead to a sound practice. The following brief utterances of opinion will be found to embrace what is most essential for recognition, by those who are laboring to improve the condition of the insane.

1. Insanity is a disorder of the brain, to which, under certain contingencies, every one is liable.

2. Properly and promptly treated, in its early stages, it is about as curable as most other serious diseases.

3. In a great majority of cases, it is better and more successfully treated in well-organized institutions, than at home.

4. It is humanity, economy, and expediency, for every state to make ample and good provision for all its insane.

5. The best hospital,—best built, best arranged, and best managed,—is always cheapest in the end, no matter for what class of the insane it is intended.

6. All hospitals, for any class of the insane, should possess everything that can contribute to the health, comfort, and restoration of their patients.

7. Every hospital built at the public expense, while having all these traits, should yet be plain but substantial in character, in good taste architecturally, but avoiding all extravagant embellishment, or unnecessary expenditures.

8. No ventilation that is not forced is worthy of the name, and a perfect system of heating and ventilation is never to be omitted, being alike sanitary, restorative, and economical.

9. No expense required to secure all that has been mentioned, should be deemed misplaced or injudicious, or beyond the means of any state on this continent.

10. A perfect classification is indispensable for proper treatment, but there should always be a pro-

tected connection of some kind, between the different wards, to secure efficient supervision and for convenient and economical management.

11. Except for special forms of disease, for which they may be desirable, one-storied buildings, especially of a temporary character, have many disadvantages without corresponding advantages.

12. Separate hospitals for the recent and chronic insane are not to be recommended.

13. Overcrowding hospitals for the insane is an evil of serious magnitude, subversive of good order, perfect discipline, and the greatest usefulness of these institutions and the best interests of the insane.

14. Abundant means for occupation, amusement, and all that comes under the head of moral treatment should be provided in every hospital.

15. As little restraint as possible should be used, and only for the best interests of the patient. Mechanical restraint may be necessary, but only as a remedy, and under the direction of the chief medical officer.

16. The insane should never be kept in almshouses, nor in penal institutions.

17. Insane criminals should not be treated in ordinary state hospitals, nor in separate buildings on their grounds, but in structures specially provided, in other localities.

18. Under the control of a board of managers or trustees, the physician and superintendent should be the chief executive officer, serving during good behavior, with a compensation sufficient to enable him to devote his whole time to his duties. He

should have the nomination of all other officers, with entire control of the medical, moral, and dietetic treatment of the patients, and the unrestricted power of appointment and discharge of all persons employed in their care; all other forms of management that have been tried, having proved failures.

19. Appointments from political motives are to be especially deprecated, as a dangerous departure from that sound rule, which should govern every appointing power, of seeking the best men, irrespective of every other consideration.

20. The most efficient form of supervision for a hospital for the insane, securing alike the best interests of the institution, the patients, and the community, is a board of trustees or managers, of high personal character, having enlightened views, and with ample time to devote to frequent visits and a thorough discharge of their duties.

Every one of these declarations is highly important. They are all practical in their character. Any legislative body, any commission, or any board of trustees, keeping all of these steadily in view and carrying them out in their true spirit, can scarcely go very far wrong, and while saving much to the state, will also secure what is of the utmost value to the insane. It is to be hoped that in the future, all who are entrusted with the important duty of making provision for the insane, while studiously avoiding all extravagance, will be equally careful, not to permit any false ideas of economy, or any supposed necessity for keeping the cost of a hospital at some theoretical standard, which is below what is

really necessary and proper for a hospital intended for all future time, to lead them to erect one of a character neither creditable to the age nor the state, nor up to the present knowledge on the subject. There can be no excuse for any hospital hereafter built not being at least equal, in every essential particular, to any that has preceded it. Less than this should not satisfy any intelligent community. No fear of its being styled "palatial," or "colossal," or any of the other stereotyped epithets that are frequently heard, should deter those in authority from doing what is right, and no amount of sophistry can show that it is ever expedient to do wrong, especially when making provision for the insane.

These views, as already intimated, derive their value from the fact that they are the expression of well-matured convictions by practical, disinterested men, who have devoted themselves to the study of insanity and the care of those afflicted with mental disorders; and that they have been tested over and over again, in nearly every section of the country, by different men, and under circumstances varying greatly in character.

It is not to be denied, however, that notwithstanding this unanimity of sentiment among practical men, views of a very different character have, now and then, been adopted and promulgated by others—often, no doubt, actuated by good motives—but whose sentiments regarding the disease and its treatment, and the general management of hospitals, have too often been formed in their studies, or while engaged in other pursuits, and often without any, or at least

the most limited practical acquaintance with those who are sufferers from insanity, or of institutions for its treatment.

There is no poorer basis for arriving at a really sound judgment on these important subjects, than the study of the old English Parliamentary reports, the history of what was done in the last century, the reading of works of fiction, in which the possible treatment of insane people is made the great point of exciting interest, and listening to the apocryphal experiences of partially cured patients. No amount of all these, nor any extent of simple reasoning, can be a substitute for the kind of knowledge that is acquired, by the direct personal care of those with unsound minds and a familiarity with institutions devoted to their management and treatment. Although now and then attempted, it will be difficult to convince sensible people, that when discussing these special subjects, they are to give up entirely what would be accepted as rational in the ordinary affairs of life, and instead, are to believe that a practical knowledge of insanity and its treatment constitutes an element of disqualification when reliable authorities are being sought for, in regard to the best provision for these very purposes.

CONCLUSION.—The period embraced in this report includes the thirty-sixth year of the Pennsylvania Hospital for the Insane under its present system of management, and on the tract of land now occupied by it. It also completes the one hundred and twenty-sixth year since the Pennsylvania Hospital

was founded for the declared object, among others, of caring for and curing the insane, which had never before been attempted in America. How faithfully it has carried out this design, and the amount of work it has done since that day, in this direction, is shown, to some extent, in the report before you.

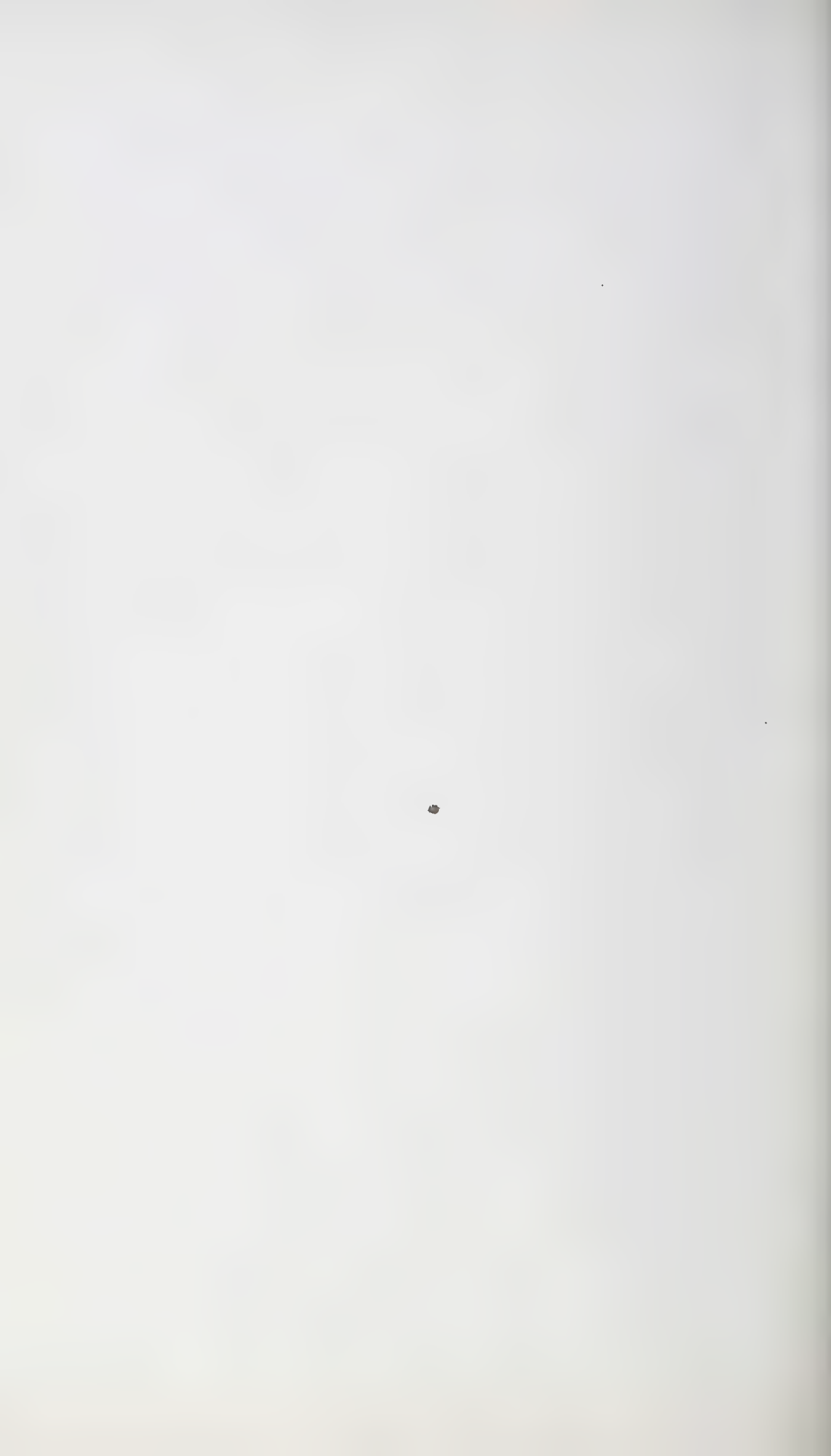
With devout feelings of gratitude to Almighty Providence for all the blessings that have been vouchsafed to the Hospital, in all its departments, during this long period in the past, and with entire confidence in its capacity for enlarged usefulness in the future, I again commend it, most earnestly, to your enlightened and liberal supervision, and to the generous sympathies of all our people.

THOMAS S. KIRKBRIDE.

PENNSYLVANIA HOSPITAL FOR THE INSANE.

1st month 1st, 1877.


A P P E N D I X.



SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

 Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, for indigent recent and supposed curable cases, only; and, judging from past experience, when thus used, will be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

a certificate of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of _____ made within one week of the date of this certificate, we find _____ to be insane, and a proper subject for hospital treatment.

_____, 1877. _____ M.D.

_____, 1877. _____ M.D.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and _____ to before me, this _____ of _____ 1877, that the signatures thereto are genuine, and that the signers are physicians of respectability.

_____ [L. s.]

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____.
_____, 1877.

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of ——— being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks, or if removed or discharged, within four weeks, with his approbation, to pay board for four weeks.†

Witness our hands the ——— day of ———, 1877.

————— [L. S.]

————— [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What have been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?

10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

THE PENNSYLVANIA HOSPITAL FOR THE INSANE,
AT PHILADELPHIA.

To answer inquiries that are constantly being made, and to remove erroneous impressions occasionally entertained, not only in regard to the character, but also the objects, of the Pennsylvania Hospital for the Insane, the following sketch of its history, etc., is republished.

HISTORY.—Established by benevolent private citizens of this commonwealth, in 1751, the Pennsylvania Hospital was chartered by the Provincial Assembly of that year, as “the Contributors to the Pennsylvania Hospital,” and from the first had two departments, its objects being declared to be “the relief of the sick poor and the reception and cure of the insane;” this being the first regular hospital provision for the insane in America. This declaration of its objects manifested a remarkable degree of good sense, for while the ordinary sick poor were to be admitted, it was fairly implied that the insane, no matter what their social position or pecuniary means, were to be received, and not simply cared for, but “cured.” Such a recognition of insanity as a curable disease, at that early day, was much more in advance of the general public sentiment than can now be well imagined.

The first patient was admitted on the 11th of February, 1752, and the second, third, fourth, and sixth patients received were insane, two paying their ex-

penses, and two being treated without charge of any kind.

The hospital, at first, was kept in a private house on the south side of Market Street above Fifth Street, formerly the residence of Judge Kinsey, and for which a yearly rent of forty pounds was paid. The eastern wing of the Pennsylvania Hospital, at Eighth and Pine Streets, was finished and opened in 1756, and in the basement of this wing the insane were taken care of till 1796, when, on the completion of the west wing, they were removed to it, and continued to occupy that portion of the hospital, till they were transferred to the new building—now “the Department for Females”—on the west side of the River Schuylkill, and which, under the title of “The Pennsylvania Hospital for the Insane,” was opened on the 1st day of 1841. This building accommodated all the insane under the care of the Institution, till its crowded state led to the erection of an entirely new structure on the same grounds, and to the subsequent separation of the sexes. So that since the opening of this last building, now “the Department for Males,” in 1859, the Pennsylvania Hospital for the Insane has consisted of two distinct departments, that for males, capable of accommodating 250 patients, and that for females,—since the erection of the two Fisher Wards,—also capable of accommodating 250 patients, both being on the same tract of 113 acres of land, lying between Market and Haverford Streets, and Forty-second and Fortyninth Streets, in the city of Philadelphia. The buildings are about one-third of a mile apart, have

91 acres devoted to gardens and pleasure grounds, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted of every class, profession, or creed, without regard to residence, and, as far as it is able, dispenses its benefits to those from our own State, not blest with this world's goods, as freely as to those who seem to have nothing to ask for but health.

RESULTS.—While the original structure at Eighth and Pine Streets was used,—a period of ninety years,—4366 insane patients were treated there, and of these 1493 were cured, 913 discharged improved, 995 removed without improvement, 610 died, 246 eloped, mostly before the square was permanently inclosed, 97 were transferred to the new Institution, and 12 were retained in town.

The Pennsylvania Hospital for the Insane began in 1841, with 97 patients, received from the old hospital, and with accommodations for 140. It can now receive about 500 patients. Since its opening it has received 7427 patients, and of these 3417 have been restored to their friends, cured; 1749 have been discharged in various stages of improvement; 903 left without improvement; and 944 died; while at this date 414 remain under treatment, with sixteen distinct classes or wards for men, and twenty for women. Of these patients, 1576 were received without charge, and about as many more paid less than the cost of

their support. While the insane were in the old hospital, the receipts from their care so much exceeded the cost, that fully \$100,000 were added to the capital stock from this source.

HOW ACCOMPLISHED.—All the land was obtained for the sum of \$30,000, and that and the original buildings at the Department for Females were provided at a cost of about \$325,000, these funds being obtained from the sale of a portion of the vacant lots surrounding the parent hospital in the city, and which lots originally cost but \$10,000. The Department for Males was provided at a cost of \$355,000, made up entirely from the contributions of benevolent individuals, nearly all of whom were residents of Philadelphia. The two Fisher Wards were built and furnished almost entirely from a special legacy of the late Joseph Fisher, of Philadelphia. This land, on which is the Pennsylvania Hospital for the Insane, will always be much more valuable to Philadelphia, for the purposes for which it is now used, and as a reservoir of fresh air for the neighborhood, than it could possibly be if covered with buildings of any description.

Whatever the Institution has received for board and medical attendance has been expended in the care and for the benefit of the patients. Beyond its receipts from this source, it has expended on free patients and those unable to pay the entire cost of their support, in thirty-six years, \$159,996 36,*

* During the same period, the Hospital at Eighth and Pine has expended on indigent patients, from the same source, more than \$957,000.

derived from the treasury of the corporation, or an average of \$4444 34 per annum, being, however, considerably less than the interest yielded by what the care of the insane had, previously to 1841, added to the capital stock of the corporation. The total amount expended on this class, in these thirty-six years, was \$431,017 12, or \$11,972 42 per annum.

No one connected with the Institution has any pecuniary interest in its income or in the receipts from the board of its patients.

It has never yet failed to have a weekly visit of inspection from a committee of its Board of Managers,—each serving two months at a time,—and these visits, with the regular service of its physicians and other officers, with supervisors, companions, and attendants living in the wards, constitute the system of personal superintendence for securing the greatest comfort and the best care of the patients.

It will thus be seen that all this provision for “the care and cure of the insane,” the relief of private families, and the protection of the community, and all these results, have been secured to our city and State, without any resort to the treasury of either. No one has been taxed to aid in this great work. What has been received has been given voluntarily. As insanity is a disease from which no one can claim exemption, as it differs from other maladies in requiring hospitals specially prepared for its treatment, and for which, in most cases, no amount of pecuniary aid can be a substitute, it is felt that this Institution is safe in relying, as it always has done, on the benevolence and liberality of private citizens, and

the intelligent appreciation of the community in the midst of which it does its work, for whose benefit it has ever been conducted, and who are specially fortunate in having it just where it is,—easy of access, with unusual facilities for management and for carrying out the great objects for which it was established.

ITS NEEDS.—The claimants for admission on the part of those unable to pay the full cost of their support, are constantly increasing, and are far beyond the resources of the Institution. Many of them are cases of the greatest interest and curable. It is to meet these applications, and to provide everything that will promote additional comforts, greater happiness, and give better chances of restoration for all its patients, that the Institution needs large additions to its resources, and especially a great increase of the permanent fund which has been liberally started by a few benevolent individuals.

Where free beds are established, they are for indigent recent and supposed curable cases, only; and, judging by past experience, when thus used, every such bed may be expected to be the means of restoring to reason and to society, from one to two patients in every year the Hospital shall exist.



THE UNIVERSITY OF CALIFORNIA, BERKELEY

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1877.

BY THOMAS S. KIRKBRIDE, M.D.,

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

Published by Order of the Board of Managers.

PHILADELPHIA:

1878.

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OFFICERS OF THE INSTITUTION.

MANAGERS.

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MATRON. HANNAH P. SAGER.	MATRON. ANNE JONES.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia*; or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages for any of the officers or patients may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia; but letters come more promptly through the Post-Office.

Direct Telegraph Office, No. 107 South Third Street, 2d story.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

In obedience to the By-Laws of the PENNSYLVANIA HOSPITAL FOR THE INSANE, the undersigned presents to its Board of Managers his thirty-seventh Annual Report.

At the date of the last report, there were 414 patients in the Institution; since which 236 have been admitted, and 235 have been discharged or have died, leaving 415 at the close of the year.

The total number of patients in the hospital during the year was 650. The highest number at any one time was 433; the lowest was 398; and the average number under treatment during the whole period was 416; 202 males, and 214 females.

The number of males in the hospital during the year was 337, and the number of females was 313. The highest number of males at any one time was 210, and the highest number of females 223. At the beginning of the year there were 206 males, and 208 females. At this date there are 199 males, and 216 females. The number of males admitted during the year was 131, and the number of females 105.

Of the patients discharged during the year 1877, were—

	Males.	Females.	Total.
Cured	52	50	102
Much Improved . .	5	6	11
Improved	29	20	49
Stationary	31	7	38
Died	21	14	35

Of the patients discharged "cured," forty-eight were residents of the hospital not exceeding three months; twenty-eight, between three and six months; seventeen, between six months and one year; and nine, for more than one year.

Of those discharged "much improved," three were under treatment less than three months; two, between three and six months; three, between six months and one year; and three, for more than one year.

Of the "improved," thirteen were under care less than three months; fourteen, between three and six months; ten, between six months and one year; and twelve, for more than one year.

Of those discharged and reported "stationary," nine were under care less than three months; four, between three and six months; six, between six months and one year; and nineteen, for more than one year.

Twenty-one males and fourteen females have died during the year. Of these deaths, seven resulted from acute mania; five, from general paralysis; two, from acute melancholia; two, from the exhaustion of chronic mania; six, from pulmonary consumption; three, from epilepsy; six, from old age; one, from suicide; one, from pneumonia; one, from chronic dysentery; and one, from dropsy.

Of the patients who died, twelve were admitted for mania; seven for melancholia; one, for monomania; and fifteen for dementia.

Of those who died, four were in the house less than one week; five, less than one month; four, were less than three months; three, between three and six months; two, between six months and one year; and seventeen, for more than one year.

STATISTICAL TABLES.—The tables given in this report embrace all the cases received into this hospital, since its opening in its present location on the first day of 1841. The number of patients included in the tables given in this report is 7663, and the period of observation is thirty-seven years.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	4121	3542	7663
Discharges	3922	3326	7248
Remain	199	216	415

TABLE II.—*Showing the ages of 7663 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	293	222	515
Between 10 and 15	11	18	29	“ 55 and 60	189	146	335
“ 15 and 20	220	205	425	“ 60 and 65	151	121	272
“ 20 and 25	574	482	1056	“ 65 and 70	78	83	161
“ 25 and 30	595	547	1142	“ 70 and 75	61	61	122
“ 30 and 35	544	484	1028	“ 75 and 80	30	17	47
“ 35 and 40	582	440	1022	“ 80 and 85	6	10	16
“ 40 and 45	416	407	823	“ 85 and 90	1	1	2
“ 45 and 50	368	294	662	“ 90 and 95	—	1	1

TABLE III.—*Showing the occupation of 4121 male patients.*

Farmers	458	Hairdressers	3
Merchants	401	Police Officers	10
Clerks	444	Machinists	86
Physicians	93	Plane-maker	1
Lawyers	98	Iron-masters	2
Clergymen	48	Weavers	41
Masons	28	Bricklayers	17
Umbrella-makers	6	Brick-makers	6
Printers	41	Sail-makers	7
Teachers	50	Coopers	5
Officers of the Army	10	Jewellers	22
" " Navy	16	Potters	2
Students	76	Chair and Cabinet makers	41
" of Medicine	19	Blacksmiths	45
" of Law	11	Watchmakers	11
" of Divinity	11	Hotel Keepers	62
Saddlers	16	Second-hand dealers	4
Peddlers	20	Cap Manufacturer	1
Tobacconists	29	Locksmiths	4
Carpenters	142	Millers	20
Bakers	19	Glassblowers	3
Seamen and Watermen	70	Wheelwrights	8
Planters	32	Gardeners	24
Manufacturers	91	Chemists	5
Coachmen	8	Print Cutters	2
Druggists	40	Curriers	2
Laborers	301	Tailors	47
Engineers	23	Shoemakers	105
Plasterers	20	Brokers	14
Bank Officer	1	Waiters	2
Conveyancers	9	Stove-makers	3
Bookbinders	17	Dentists	4
Hatters	11	Victuallers	23
Rope-makers	3	Soldiers U. S. A.	19
Tinmen	23	Brewers	3
Painters	34	Coach-trimmers	2
Brush-makers	2	Auctioneers	3
Paper-hangers	3	Plumbers	6
Boat-builder	1	Type Founders	3
Carvers	4	Telegraph Operators	7
Confectioners	14	Whip-maker	1
Coach-makers	9	Silversmiths	3
Public Officers	8	Photographer	1
Shipwrights	2	Wire-worker	1
Collectors	2	Upholsterers	4
Nurses	2	Drovers	5
Soap-maker	1	Brass Founder	1
Contractors	5	Pattern-maker	1
Authors	4	Comb-maker	1
Editors	7	Grocers	6
Railroad Conductor	1	Cigar-makers	2
Apprentices	3	Glove-makers	3
Musicians	5	Errand boys	3
Coppersmith	1	Engravers	4
Tanners	6	Electrician	1
Artists	23	Reporters	3
Dyers	2	No occupation	582

TABLE IV.—*Showing the occupation of 3542 female patients.*

Seamstresses or Mantua-makers	323	Daughters of Saddler	1
Storekeepers	28	“ Coach-makers	4
Attendants in stores	29	“ Contractors	2
Cigar-makers	4	“ Tinman	1
Teachers	101	“ Mason	1
Domestics	326	“ Hatters	2
Nurses	29	“ Publisher	1
Artists	5	“ Painters	2
Factory Girls	17	“ Glassmaker	1
Physician	1	“ Shipbuilder	1
Sister of Charity	1	Of the Married similarly situated, were—	
Clerks	7	Wives of Clerks	107
Actress	1	“ Teachers	24
School Girls	3	“ Farmers	253
Hairdresser	1	“ Brass Founders	4
Of the Single females, not pursuing a regular occupation, were—		“ Gardeners	8
Daughters of Farmers	160	“ Saddlers	5
“ Merchants	205	“ Printers	11
“ Masons	4	“ Machinists	39
“ Bank Officers	9	“ Masons	6
“ Weavers	20	“ Painters	5
“ Laborers	28	“ Stage Owners	2
“ Sea Captains	6	“ Cutler	1
“ Auctioneer	1	“ Bank Officers	14
“ Innkeepers	11	“ Innkeepers	39
“ Teachers	16	“ Bookbinders	4
“ Carpenters	19	“ Tinmen	5
“ Paper-makers	2	“ Editors	7
“ Physicians	20	“ Plasterers	4
“ Planters	33	“ Engineers	19
“ Watchmaker	1	“ Artists	13
“ Curriers	3	“ Bricklayers	2
“ Clerks	39	“ Paper-makers	3
“ Engineers	3	“ Collectors	5
“ Clergymen	25	“ Brick-makers	6
“ Miller	1	“ Seamen	14
“ Public Officers	23	“ Merchants	237
“ Officers of Army	2	“ Physicians	25
“ “ Navy	1	“ Lawyers & Judges	49
“ Lawyers	30	“ Shoemakers	42
“ Machinists	7	“ Hatters	6
“ Bricklayers	2	“ Cabinet-makers	20
“ Chair-makers	2	“ Laborers	200
“ Manufacturers	16	“ Grocers	9
“ Tailors	8	“ Clergymen	32
“ Waterman	1	“ Tobacconists	10
“ Bakers	5	“ Weavers	18
“ Printers	8	“ Sea Captains	4
“ Shoemakers	5	“ Victuallers	12
“ Druggists	3	“ Brush-makers	2
“ Artists	4	“ Tailors	27
“ Brick-maker	1	“ Millers	10
“ Blacksmiths	2	“ Police Officers	11
“ Musician	1	“ Carpenters	50
“ Dentists	4	“ Druggists	15
“ Victualler	1	“ Planters	15
		“ Peddlers	7
		“ Coachman	1

TABLE IV.—*Continued.*

<i>Wives</i> of Manufacturers . . .	66	<i>Widows</i> of Coopers . . .	3
“ Brokers . . .	3	“ Laborers . . .	41
“ Tanners . . .	13	“ Manufacturers . . .	16
“ Musicians . . .	2	“ Lawyers . . .	8
“ Conveyancers . . .	2	“ Carpenters . . .	7
“ Officers of Army . . .	12	“ Clerks . . .	19
“ “ Navy . . .	3	“ Tanners . . .	2
“ Plumbers . . .	3	“ Teachers . . .	2
“ Blacksmiths . . .	11	“ Planters . . .	6
“ Bakers . . .	4	“ Bricklayers . . .	2
“ Waiters . . .	3	“ Painters . . .	2
“ Confectioners . . .	3	“ Seamen . . .	8
“ Hairdressers . . .	2	“ Engravers . . .	2
“ Contractors . . .	5	“ Engineers . . .	5
“ R. R. Conductors . . .	6	“ Machinists . . .	6
“ Dentists . . .	5	“ Masons . . .	2
“ Watchmakers . . .	5	“ Printer . . .	1
“ Public Officers . . .	8	“ Blacksmiths . . .	3
“ Brewers . . .	3	“ Bakers . . .	2
“ Optician . . .	1	“ Druggists . . .	2
“ Iron-masters . . .	2	“ Musician . . .	1
		“ Interpreter . . .	1
Of the <i>Widows</i> similarly situated, were—		“ Tailor . . .	1
<i>Widows</i> of Merchants . . .	67	“ Dentists . . .	2
“ Physicians . . .	16	“ Tinman . . .	1
“ Public Officers . . .	11	“ Confectioner . . .	1
“ Sea Captains . . .	7	“ Silversmith . . .	1
“ Hotel Keepers . . .	6	“ Barber . . .	1
“ Shoemakers . . .	25	“ Brickmaker . . .	1
“ Clergymen . . .	6	“ Coachman . . .	1
“ Farmers . . .	64	“ Carriagemaker . . .	1
		“ Army Officer . . .	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 7663 patients.*

	Males.	Females.	Total.
Single	2008	1480	3488
Married	1899	1633	3532
Widows	—	429	429
Widowers	214	—	214

TABLE VI.—*Showing the nativity of 7663 patients.*

Natives of Pennsylvania .	4078	Natives of England .	311
“ New Jersey .	359	“ Scotland .	47
“ Delaware .	180	“ Ireland .	953
“ Maryland .	224	“ Germany .	411
“ Virginia .	104	“ Poland .	9
“ North Carolina .	65	“ Prussia .	14
“ South Carolina .	56	“ Switzerland .	10
“ Georgia .	35	“ Bermuda, W. I. .	2
“ Alabama .	19	“ Jamaica, “ .	2
“ Tennessee .	26	“ St. Domingo, “ .	4
“ Indiana .	13	“ Barbadoes, “ .	4
“ Kentucky .	35	“ Cuba, “ .	15
“ D. of Columbia .	20	“ Guadaloupe, “ .	1
“ Maine .	21	“ Martinique, “ .	1
“ Massachusetts .	92	“ St. Croix, “ .	1
“ Connecticut .	47	“ St. Thomas .	2
“ Missouri .	17	“ Isle of Madeira .	1
“ Ohio .	52	“ Isle of Man .	1
“ New Hampshire .	12	“ Spain .	3
“ Louisiana .	25	“ Italy .	3
“ Rhode Island .	14	“ Denmark .	3
“ New York .	253	“ Holland .	4
“ Mississippi .	11	“ Russia .	1
“ Vermont .	7	“ Austria .	4
“ West Virginia .	6	“ Bavaria .	4
“ Michigan .	2	“ Venezuela, S. A. .	1
“ Iowa .	2	“ Norway .	1
“ Texas .	5	“ Japan .	1
“ Illinois .	10	“ Costa Rica .	2
“ Florida .	4	“ St. Kitts .	1
“ Sicily .	1	“ Mexico .	1
“ Nova Scotia .	2	“ Brazil .	2
“ Canada .	19	“ Belgium .	1
“ France .	25	Born at Sea .	1

TABLE VII.—*Showing the residence of 7663 patients.*

Residents of Pennsylvania .	6238	Residents of Maine .	3
“ New Jersey .	274	“ Rhode Island .	7
“ Delaware .	163	“ New York .	181
“ Maryland .	171	“ Florida .	5
“ Virginia .	70	“ Wisconsin .	2
“ West Virginia .	9	“ California .	4
“ D. of Columbia .	34	“ Oregon .	1
“ North Carolina .	58	“ Minnesota .	2
“ South Carolina .	37	“ Kansas .	3
“ Georgia .	33	“ Montana .	2
“ Alabama .	23	“ Colorado .	2
“ Louisiana .	47	“ Jamaica, W. I. .	2
“ Tennessee .	16	“ Barbadoes, “ .	4
“ Kentucky .	22	“ Cuba, “ .	12
“ Arkansas .	4	“ St. Croix, “ .	1
“ Mississippi .	14	“ St. Thomas, “ .	3
“ Vermont .	4	“ Isl. of Madeira .	1
“ Texas .	13	“ Germany .	3
“ Illinois .	25	“ Venezuela, S. A. .	2
“ Michigan .	8	“ England .	2
“ Ohio .	53	“ Norway .	1
“ Indiana .	16	“ Costa Rica .	2
“ Missouri .	27	“ Mexico .	2
“ Massachusetts .	23	“ Canada .	7
“ New Hampshire .	1	“ Japan .	1
“ Iowa .	7	“ Nova Scotia .	1
“ Connecticut .	15	“ Brazil .	2

TABLE VIII.—*Showing the supposed causes of insanity in 7663 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds . . .	774	630	1404	Mortified pride . .	2	1	3
Intemperance . .	648	55	703	Celibacy	1	—	1
Loss of property .	206	48	254	Anxiety for wealth .	3	—	3
Dread of poverty .	3	3	6	Use of opium . . .	12	17	29
Disappointed affec- tions	32	60	92	Use of tobacco . .	15	2	17
Intense study . .	39	13	52	Lead-poisoning . .	1	—	1
Domestic difficulties	51	101	152	Use of quack medi- cines	2	2	4
Fright	18	46	64	Puerperal state . .	—	296	296
Grief, loss of friends, &c.	83	271	354	Lactation too long continued . . .	—	12	12
Intense application to business . . .	55	14	69	Uncontrolled passion	5	7	12
Religious excitement	92	134	226	Tight lacing . . .	—	1	1
Political excitement	14	—	14	Injuries of the head	95	7	102
Metaphysical specu- lations	1	—	1	Masturbation . . .	92	3	95
Want of exercise .	6	2	8	Mental anxiety . .	176	297	473
Engagement in duel	1	—	1	Exposure to cold .	5	1	6
Disappointed expect- ations	14	17	31	Exposure to direct rays of the sun .	70	3	73
Nostalgia	—	8	8	Exposure to intense heat	1	1	2
Stock speculations .	2	—	2	Exposure in army .	7	—	7
Want of employment	44	2	46	Old age	—	3	3
				Unascertained . .	1551	1485	3036

TABLE IX.—*Showing the ages at which insanity first appeared in 7663 patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years . .	19	4	23	Between 45 and 50	295	241	536
Between 10 and 15	64	70	134	“ 50 and 55	200	170	370
“ 15 and 20	398	342	740	“ 55 and 60	144	126	270
“ 20 and 25	726	634	1360	“ 60 and 65	106	77	183
“ 25 and 30	704	622	1326	“ 65 and 70	47	25	72
“ 30 and 35	490	484	974	“ 70 and 75	24	21	45
“ 35 and 40	520	375	895	“ 75 and 80	14	8	22
“ 40 and 45	367	335	702	“ 80 and 85	3	8	11

TABLE X.—*Showing the forms of disease for which 7663 patients were admitted.*

	Males.	Females	Total.
Mania	1771	1688	3459
Melancholia	938	1148	2086
Monomania	614	421	1035
Dementia	783	280	1063
Delirium	15	5	20

TABLE XI.—*Showing the duration of the disease at the time of admission in 7663 patients.*

	Males.	Females.	Total.
Not exceeding 3 months	1858	1971	3829
Between 3 and 6 months	332	265	597
“ 6 months and one year	522	411	933
“ 1 and 2 years	549	354	903
“ 2 and 3 “	282	155	437
“ 3 and 4 “	154	91	245
“ 4 and 5 “	98	60	158
“ 5 and 10 “	168	126	294
“ 10 and 15 “	70	49	119
“ 15 and 20 “	30	27	57
“ 20 and 25 “	29	16	45
“ 25 and 30 “	12	10	22
“ 30 and 35 “	7	4	11
“ 35 and 40 “	4	—	4
“ 40 and 45 “	4	2	6
“ 45 and 50 “	1	1	2
“ 55 and 60 “	1	—	1

TABLE XII.—*Showing the number of the attack in 7663 cases.*

	M.	F.	T.		M.	F.	T.
				In the <i>periodical</i> cases,			
First attack	3040	2510	5550	10th 8 m. 6 f., 11th 4 m. 4 f. .	12	10	22
Second “	614	617	1231	12th 3 m. 3 f., 13th 1 m. 2 f. .	4	5	9
Third “	191	216	407	14th 1 m. 3 f., 15th 1 m. 1 f. .	2	4	6
Fourth “	96	82	178	16th 1 m., 17th 2 m. . . .	3	—	3
Fifth “	49	47	96	18th 4 m., 19th 2 m. . . .	6	—	6
Sixth “	59	17	76	20th and 21st each 1 m. and 1 f. .	2	2	4
Seventh “	22	7	29	22d 1 m., and to 26th each 1 f. .	1	5	6
Eighth “	12	9	21	27th 2 f., 29th 1 f. . . .	—	3	3
Ninth “	8	4	12	30th, 31st, 32d, 33d, each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of 7248 patients, who have been discharged or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	1782	1737	3519	1961	971	484	100	3
Much improved	234	357	591	247	221	87	36	—
Improved . .	691	527	1218	424	356	211	227	—
Stationary . .	648	293	941	301	216	126	297	1
Died	567	412	979	418	203	42	300	16

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions	Discharges.	Cures.	Deaths.
1st month	614	624	263	91
2d “	572	431	211	71
3d “	661	543	256	75
4th “	757	568	266	90
5th “	774	665	310	99
6th “	739	621	302	62
7th “	636	679	335	90
8th “	603	645	315	97
9th “	585	635	325	85
10th “	606	645	339	77
11th “	563	598	294	67
12th “	553	594	303	75

EVENING ENTERTAINMENTS, OCCUPATIONS AND AMUSEMENTS OF THE PATIENTS.—The ninth year, in which there has been, for nine months, for every evening, without any exception, some form of entertainment, occupation, or amusement, in which a large proportion of all the patients could participate, has been completed in one department. Very nearly the same in number, although somewhat varied in character, have been had in the other. The last year and the present have shown at both departments the facility with which this full provision can be made, as it has been, at each; and in the future it will no doubt be always continued, with just as much regularity and certainty, as any of the other daily provisions made in the Institution. The ease with which all this can be done, when its value is fully recognized, and with even a short observation of the change in the appearance of the patients during the evenings, will effectually prevent any risk of such a course being given up, where it has once been fairly inaugurated, and where the best interests of

the insane are held to be paramount to all other considerations.

A great extension of the number and variety of photographic pictures which have been at our disposal, with apparatus of the very best character, continues to give an increased interest to our exhibitions and lectures. These, with concerts, readings, the officers' tea-parties, gymnastic exercises, and various other pleasant modes of passing the evening hours, have given an amount of variety that has very effectually prevented the monotony that might attend even the best form of entertainment of an unvarying character. In this connection it is always pleasant to mention the cheerfulness with which so many of our friends volunteer their kind and valuable aid to add to the interest and variety of these evening pastimes.

In speaking of the present state of our evening entertainments, as indeed of the simple ornamentation of our wards by pictures and engravings, of the accumulation of musical instruments, and of the force of persons employed to minister to the welfare of the patients, it is not easy to avoid referring, with feelings of satisfaction, to the day of small things, when we found our walls, now so fairly covered, bare, and with scarce a single picture of the humblest kind; our halls, now so bright with gas, lighted as oil lamps would do the work; our music, now coming from a piano in nearly every ward, and many of which are excellent instruments, replacing the single one whose value, even then, consisted in its antiquity, and the fact that it was the first instru-

ment of the kind ever used in a hospital for the insane in America, and whose history has now secured for it an honorable place in our museum of curiosities. Beyond all else is to be mentioned our valuable apparatus, with hydro-oxygen light, and the large collection of the most beautiful specimens of the photographic art, replacing the humble oil-light magic-lantern, with its still humbler painted pictures, now retained in our collection to remind us of the progress that has been made in this most interesting branch of art, and which has done so much to contribute, at a very moderate cost, to the means of rational entertainment, in institutions for the insane.

It is worth while, too, to refer to all these things if only for the encouragement of those who are just starting similar works, and to show how much can be done, at a small expense, by persistent efforts, and how large collections can ultimately be made by moderate annual additions to what has already been secured. In this connection, too, it is well to educate legislative bodies and governing boards up to the point of understanding, that all these are legitimate objects for annual appropriations, tending as they do to promote the efficiency of such institutions, and the happiness and restoration of their patients, quite as much as many things often deemed more necessary.

It is also right to make mention of the fact, specially appreciated here, where no legislative assistance is ever asked for or received, that a very large proportion of these means of occupation and amusement just referred to, have come from the generous

offerings of those, who were interested in the Institution, and who have thereby justly earned the lasting gratitude of all, who desire to see a steady advance in the means of promoting the welfare of the insane.

Besides all these changes, may well be noted the increased number of medical officers, supervisors, companions, and attendants now employed, and who aid not only in the regular daily care of the patients, but also in carrying out efficiently the “evening entertainments, occupations, and amusements of the patients.”

The Permanent International Exposition, with its splendid collection of objects of interest, has been during the year a most desirable place of resort, with always an abundance of variety, for a very considerable number of our patients, and who, in common with the people of this section of country, feel a special interest in its continuance and success, not only from patriotic motives, but for their own gratification and advantage.

IMPROVEMENTS.—The improvements of the year have consisted, to a large extent, in the painting of much of the interior walls and wood-work at both departments, adding very greatly to the improved appearance of both buildings. It is proposed to continue this work till every part of the hospital occupied by the patients has the same bright and cheerful appearance as those that have been attended to this year. This year’s work has shown very clearly how easy it is to make a hospital, having no small number of years on its side, have all the ap-

pearance and advantage of a new building, and is an effectual answer to the suggestion of making hospitals temporary in structure, so that, at certain intervals, they may be replaced by new ones.

Two ornamental buildings, each about thirty feet square, have been removed from or near the Centennial grounds to our own, as permanent reminders of that interesting occasion, in which our household took such a general and special interest. These structures will be used as summer-houses, and places of shelter for the patients in their walks, and, from their pleasant locations, are sure to be much resorted to. They are quite neat in style, and, through the liberality of their former owners, were procured at a very moderate cost.

It is hoped that at no distant day, it will be deemed expedient to carry out all the desired improvements suggested in the last report, and also to put up a new Amusement Hall, and a small Green-House at the Department for Males. After long waiting there now seems a prospect of the completion of the sewer on Forty-second Street, the work having actually been placed under contract and commenced. This sewer will be a real benefit to the eastern portion of our pleasure grounds, as well as to the entire neighborhood.

ACKNOWLEDGMENTS.—Since the last report we have been indebted to Mrs. S. G. Curtis for \$200; to Stewart McElhue for \$200; to Mrs. E. W. Clark for \$100; to Miss Benson for \$50; to Mrs. Charles Wood for \$25; to Wm. Blanchard for \$20;—all

these being towards the purchase of a grand piano for the lecture-room at the Department for Males. We are also under obligations to Professor Persifer Frazer, Jr., for two scientific lectures; to Dr. Robert P. Harris for a lecture and for valuable manuscript lectures; to Francis Wells for a large collection of valuable books for the ward libraries, and for a lecture; to M. H. Cobb for \$50 for the benefit of the patients, and for a large number of books and periodicals; to Joseph C. Turnpenny for \$50 for the purchase of books; to John Robbins, Jr., for \$50 for the benefit of the patients; to Jacob P. Jones for \$100 for the Christmas festivities; to Wistar Morris for a collection of illustrated papers; to A. J. Derbyshire for a superior fire and burglar proof safe for each department, and for pictures, books, and papers; to Henry Haines for a large collection of periodicals; to Edward L. Wilson for a collection of fine photographic pictures; to James Abbott for tickets to the Permanent Exposition; to Jacob P. Jones for a carriage and harness; to "Friends" for tickets to the Zoological Garden; to a lady for a Christmas tree and its decorations; to John S. Haines for tickets to the Zoological Garden; to H. A. Thissell and the American Tract Society, as in previous years, for a large number of periodicals; to Roland H. Brelsford for minerals from Michigan; to S. A. Harrison for two plaster busts; to Mrs. Hershey for an aquarium; to Isaac S. Williams and the Knickerbocker Ice Company for liberal discounts from bills; to the following ladies and gentlemen for excellent concerts, which were greatly

enjoyed by the patients, viz.: to Professor Aledo and Band; to Professor Thunder and friends; to Charles Gibbons and friends; to Mrs. Mary F. Green and friends; to Mrs. Henrietta Behrens and friends; to Dr. J. G. Maxwell and friends; to William Elliott and friends; to Miss Jennie Hershey and friends; to Mrs. De Puy and Miss Pile; to the Charity Club, and to the Choir of St. Mark's Church. We are also indebted to Edwin Coates for a lecture; to Dr. J. Ewing Mears for a lecture; to Mr. Graeff for a reading; to Professor Rufus Adams and Mr. Wetherill for a reading; to Miss L. E. Patridge for a reading; to Mrs. Lachman for a reading; to Professor Gilchrist and friends for a concert; to the New Orleans Jubilee Singers for a concert; to B. F. Duane for an entertainment; to the publishers of the "Philadelphia Evening Bulletin," the "Commercial List," the "Sunday Times," and "Phoenixville Messenger," we are indebted for copies of their respective papers; to Messrs. Grant & Ferris for large packages of papers, monthly; to George H. Stuart for similar favors; and to Wm. Ray, Mrs. Hugh Smith, and to Dr. Wylie for various periodicals; and to James W. Queen & Co., W. Mitchell McAllister, and Bannister & Wilson, we continue to be indebted for their great liberality in adding to the interest of our evening entertainments.

The corps of resident officers remains as reported last year, and from all of whom I have received valuable assistance in their various departments; Dr. S. Preston Jones continuing in immediate charge at the Department for Males, as he has done

since its opening in 1859, and, as last year, with Dr. Wm. H. Bartles and Dr. Frank F. Corson, acting as assistant medical officers. George Jones is Steward, and Hannah Sager, Housekeeper. At the Department for Females, Dr. William P. Moon continues as First Assistant Physician; Dr. Robert J. Hess, Second Assistant Physician; Joseph Jones, Steward; and Anne Jones, Matron. To all those named, and not less to all others connected in any way with the care, comfort, and well-being of the patients, I feel under obligations for all the assistance they have rendered in their various positions, in promoting the welfare of the Institution, and the restoration and happiness of its inmates.

RECEIPTS AND EXPENDITURES.—The following abstracts of the receipts and expenditures, at each department of the hospital during the year 1877, have been prepared at my request by the Stewards of the Institution:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . . .	\$29,006 59
Household expenses	41,519 46
Furniture	5,589 80
Lights	2,471 79
Fuel	6,656 52
Garden, grounds, live stock, and carriages	1,784 74
Grain and feed for stock	791 62
Repairs and improvements	4,969 24
Medical department	2,073 41
Amusement of patients	617 04
Stationery and printing	504 89
Library	153 02
Telegraph rent and messages . . .	335 94
Legal expenses	170 00
Miscellaneous	78 33
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Total expenditures	\$96,722 39
Net receipts	99,398 68
Average number of patients . . .	202
“ “ free patients	16
Amount expended in 1877 on free patients	\$7,665 92

EXPENDITURES.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds	\$28,038 60
Household expenses	38,994 26
Furniture	3,199 73
Lights	2,973 04
Fuel	6,087 20
Garden, grounds, live stock, and carriages	1,705 30
Grain and feed for stock	2,290 55
Repairs and improvements	7,943 55
Medical department	1,808 21
Amusement of patients	693 76
Stationery and printing	699 45
Library	207 19
Telegraph rent and messages	312 05
Miscellaneous	250 09
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Total expenditures	\$95,202 98
Net receipts	92,549 31
Average number of patients	214
“ “ free patients	33
Amount expended in 1877 on free patients	\$15,356 37

ENCOURAGEMENT FOR THE FUTURE.—In a retrospect of the past two or three years, there are striking indications of an increased general interest in the welfare of the insane, and of a prevalent desire to make a real advance in the mode of treating insanity. This is seen prominently in the proceedings of the meetings of Hospital Superintendents, in the discussions of legislative bodies, in the action of boards of managers, and of commissions appointed for

special purposes, in the debates of medical societies and of various associations interested in the public health, in the frequent reference to the subject by the public press, and in the preparation of elaborate papers going over the whole field, and their very wide circulation, even by persons whose studies and pursuits have been in a direction widely different from that of caring for the insane. Although many of these may not have resulted in any good, still such a general feeling of interest in all matters connected with the care and treatment of the insane, is very clear evidence that all the indications for the future are encouraging, and that the desire for a more thorough knowledge of what is right and proper, is steadily spreading among the people. And although there is pretty sure to be much said and done that will not shed any new light on the subject, still, from the abundance of accessible material, all earnest inquirers after truth will readily find reliable landmarks to direct them in their investigations, and which, sooner or later, must result in a public sentiment that can be safely trusted, and upon which no amount of false reasoning will be able to impose.

It has been pleasant, in reviewing all these discussions, to find so general a recognition of the principle, that every State is bound by the dictates of humanity, of interest and a wise economy, to make abundant provision for all its insane not properly cared for by their friends. The universal adoption of this principle, notwithstanding all differences of opinion that may exist as to the best mode of accom-

plishing it, cannot fail to result in most important consequences to the insane. We have a right to believe that sound views on the whole subject will ultimately prevail, and that a genuine public sentiment will, sooner or later, be found to be fully in accord with the convictions of those, who have given special attention to the care and treatment of this class of our afflicted fellow-beings.

Next in importance to the general recognition of the principle just alluded to, is the practical effect resulting from it, as shown throughout the country, by the steady increase in the number of hospitals of a high order, by the additions made to old ones, and, where extensions have not been made, by the marked improvements obvious in their appearance, convenience of arrangements, and comfortable accommodations for the patients.

In our own State, we have cause for special gratification. In addition to liberal appropriations for the improvement of the original State hospital buildings at Harrisburg, and for the extension of the work on those at Danville and Warren, the year has been specially distinguished by the act providing for a new hospital for seven or eight hundred patients, in the southeastern district of Pennsylvania. The liberality and wisdom of the Legislature were shown in an eminent degree by providing for this new hospital, but especially by appropriating in the same act the whole amount supposed to be required for the completion of the entire work. The advantages of this course are very great, in enabling the commission to make favorable contracts for finishing the

buildings at an early day, and to take from their present abodes those who are to be participants in its advantages. Had this course been originally adopted at Danville and Warren, both would have been finished and filled with patients some time ago, and no less than seven or eight hundred insane saved from two years' confinement in jails, poor-houses, or private receptacles, often as bad as either of the others. What this saving would have been, cannot be estimated in money. To properly appreciate it, we need only consider what would be the true estimate of such sentences of confinement, even for the punishment of crimes.

Although the initiatory steps providing this new hospital have been slow—probably owing, in a great measure, to the large size of the commission and its want of familiarity with the great work in hand—still they have now reached that stage, when it may fairly be hoped that the hospital will progress much more rapidly than could have been done, where, as is commonly the case, the work is every now and then interrupted by appropriations being made in small sums or at long intervals.

In connection with this branch of the subject, it may not be amiss to say that, with all these advantages under which the work may now be prosecuted, with all the knowledge now so readily accessible, and with the ample experience of so many institutions thrown wide open for the enlightenment of the public, the people certainly will feel that they have a right to expect a hospital equal in every essential respect to any one heretofore built, that will require

no apologies for avoidable defects, and which cannot but be a lasting honor to Pennsylvania.

The appeals that are almost daily made here and elsewhere for accommodations that cannot be furnished, and the shockingly crowded condition of the wards of the almshouse, make us mourn over every unnecessary delay that occurs; and cause us to regret that Philadelphia could not have secured a site nearer than that which has been selected for the new State hospital; and also have had assurances of a greater proportion of its accommodations than will probably be accorded to her. Even if one-half of this new hospital is granted to Philadelphia, it is sad to reflect that all this space will do little more than provide for the regular increase of the next three years; and that, at the end of that time, on the opening of the new hospital, the buildings now in use will remain as they are at present, with more than twice as many patients in them as they can properly accommodate. While this is so, any building becomes a receptacle, but can hardly be called a hospital, for no amount of skill, with all the best intentions, can compensate for the want of space. It is well for our people to face the work that is before them, and to become familiar with its magnitude, for sooner or later, public sentiment and the dictates of a common humanity, will require its accomplishment, no matter what may be the cost. It is a fact, and it cannot be too soon recognized as such, that, in addition to this Southeastern hospital, nothing less will give relief—it may be called the first instalment of actual relief—to Philadelphia, than another building

in this immediate vicinity capable of accommodating six hundred men, and then giving up all the present insane department of the almshouse to the women, who might thus be provided for with comparative comfort, till the entire establishment should be removed, or a new hospital put up specially for them.

The prospect of having at Warren, at no distant day, a new State hospital, well planned, thoroughly and economically built, and, above all, *fire-proof* throughout—a feature not before adopted in a State hospital in Pennsylvania—is also an event worthy of special recognition. This fire-proof feature has only been adopted in a very few instances in this country, but it is one of great importance. The fact that more than one large institution for the insane in the United States had recently been destroyed by fire, resulting in considerable loss of life, led those in authority, when adopting a plan for Warren, to decide upon taking every justifiable step to prevent the occurrence of such a catastrophe in our own Commonwealth. That hospital buildings are not more frequently made fire-proof, is owing to the dread of a greater first cost, which, however, at the very low price of iron recently prevailing, is actually much less than might be anticipated; and there is some reason to believe that, if such a building as that at Warren could be carefully inspected by the Legislature, its obvious advantages noted, and the moderate increase of cost ascertained, it would lead to very careful consideration, whether such provision would not be justifiable in all future hospital buildings. Where, however, the first cost of entirely fire-

proof hospital buildings renders them unavailable, the provision adopted at our department for males, it is believed, is a most valuable substitute. This consists in simply making a certain space, wherever one wing connects with another, fire-proof from the cellar through the roof; and to this should always be added fire-proof stairs and fire-proof cornices, under incombustible roofs, and with the most efficient water and steam arrangements for extinguishing fire, always ready for use, on every floor and in every ward. With such provision, a fire could hardly make any considerable headway, and, in the case of many that have occurred, it would have saved costly buildings and valuable lives.

ERRORS AND TENDENCIES TO ERROR.—While having a full appreciation of the general interest which is felt in regard to insanity and a proper provision of accommodations and the most effectual plans of treatment for the insane, by those whose previous studies and pursuits have not led their thoughts particularly in this direction, it can hardly be deemed unreasonable for those who have paid special attention to all these subjects to give, with an equal degree of positiveness, some of their own views and the results of their own observations. It seems, too, to be equally the duty of every institution, that has had any considerable experience, to allow the community to have all the benefit that can be derived from it, and especially to caution those in authority against adopting, without abundant investigations, the errors that from time to time are urged upon the public attention,

and which, carried out, very often can only lead to serious mistakes, injudicious expenditures, imperfect constructions, and inconvenient and inefficient modes of management. Holding no doubtful views on any of these subjects, which, after being supposed to be settled, are every now and then, in the turning of the wheel of time, coming up for a new discussion, it is felt that this Institution, with its long period for careful observation and with its large number of cases, could hardly excuse itself for not stating its own conclusions. As error, frequently repeated, can only be met by frequent contradiction, so it is quite justifiable to repeat these conclusions just as often as radically different views are urged upon the public attention. When an institution does this, it will be excused for leaving to those who adopt different sentiments, without having taken the trouble of an adequate examination of these most important matters, the responsibility for all errors and defects that must be incurred, and which, with a reasonable amount of trouble, could readily have been avoided.

With a just appreciation, then, of all this general interest in the insane, already alluded to, and with the fullest recognition of the valuable essays and reports that have been given to the public, and of the additions that have been made to our knowledge within the last two or three years, it must also be acknowledged that there has been quite conspicuously mixed with these a tendency to error in many quarters, and that very doubtful principles have been urged with a persistence worthy of a better cause. To some of the more prominent of these, it is pro-

posed, under this heading, to make a brief allusion ; but the limits of a report will hardly admit of the extended discussion of most of them which their importance deserves. Conclusions that are entirely satisfactory to ourselves will be given, while want of space will, in most cases, prevent anything like an adequate exposition of the facts and reasonings by which they have been reached. If, however, future inquirers are thus led to a careful investigation of what of late have seemed to be among the more prevalent "errors and tendencies to error," the end contemplated by these remarks will be fully attained.

In common, with nearly all who are engaged in the care of the insane, it is generally believed by practical men to be a very grave error to recommend that the care of the recent and chronic insane should be in distinct hospitals, different in construction, in different localities, and conducted on different principles ; or, that those for one class can be properly provided at a cost materially less than for the other.

It is a mistake to suppose that individuals affected with a chronic form of insanity require a less comfortable style of habitation than the more recent sufferers—that hospitals provided for the former should be less carefully constructed, or should be less cheerful in their surroundings than for the latter ; that the chronic cases should have less pure air than recent ones, should have less warmth in winter, and less ventilation always, that they should have less clothing to secure their comfort, should have less or poorer food, should have less cleanliness, less supervision and less sympathy. And finally, if

they should have as much of all these, it may well be asked, in what is the reduction of cost to be effected. It is always to be remembered, too, that the more costly arrangements provided specially for the cure of the curable, are very generally advantageous to the chronic who are not likely to recover, adding to their comfort and tranquillity,—if not making them better, at least keeping them from becoming worse. It is to be remembered, too, that if they do not get these advantages from their association with the recent cases, they will not have them at all. In these discussions it is often forgotten that while chronic cases are frequently among the most pleasant and useful members of a hospital family, the recent are not rarely among the most unpleasant in nearly every respect, and not seldom are indebted to individuals of the former class for much of their comfort and enjoyment. It is an error to suppose that hospitals are to be provided only for recent and curable diseases. They are hardly less desirable for the protection of families and the community, for the relief of the sufferings of those who cannot hope to recover, to help to smooth the path that is inevitable to all.

It is an error to suppose that a cheerful appearance in a building, both inside and outside, and agreeable surroundings have no importance in a hospital for the insane and for all classes. They are positively useful to all these, and more so than is generally supposed, of which the most abundant proof is readily accessible.

It is an error to suppose that those who are

affected with the chronic forms of insanity can with humanity or propriety be made by their labor to contribute very materially to their own support. Recognizing work, suitable in character and amount, as valuable for all, it must still be acknowledged that what is specially wanted for the insane of any class, has really much more of the character of pleasant occupation than of hard work, and it is the latter only that makes people self-supporting. In the discussion of this subject many seem to forget that all the insane are really sick. Although they may be with apparently good muscular developments, they have a disease of one of the most delicate organs in the body. Unless properly regulated, labor is as liable to do harm as good, and those commonly employed to get as much work as possible out of patients are rarely qualified to discriminate whether or not harm is being done. Many patients, especially of that class from whom the hardest work is gained, are scarcely competent to know or to complain when they suffer, and it is not difficult to realize that, without careful attention, the whole system may be made to have an unpleasant resemblance to that of involuntary servitude.

No one would object to compelling the simply indolent and the profligate, when a public charge, to labor for their own support, but it is far different with those who are afflicted with insanity. Suffering as they do from the effects of this serious malady, generally from no fault of their own, often placed where they are, by legal process, without being consulted, entirely under the control of others, and fre-

quently unable to express their feelings and sufferings, they have claims of no ordinary kind for the most humane and considerate treatment, for the fullest assurance that no advantage will be taken of their infirmities, and that even the public treasury will be allowed to suffer slightly, rather than that any profit should be gained by using their misfortunes. All labor exacted from those who are thus sick, when beyond what is pleasant to them, should be on the ground, that unpleasant as it may be for them to work, it is, like other remedies, insisted on, and is really intended for their own benefit. Very clearly nothing can justify the insane being placed in positions of danger for the sake of having them work, or putting them at menial kinds of work which no one would ever have thought of their doing when sane.

It is an error to denounce labor-saving machinery in a hospital for the insane, because it is desirable to find employment for the patients. Many forms of work done by machinery are not desirable for patients, and machinery does it better and more promptly than they could, and leaves other kinds of occupation for them.

It is an error leading to wrong popular impressions to speak of any hospital for the insane as being conducted "without restraint." There is no such thing, and cannot be. Where an individual is placed under the control of another, even where the control is of the gentlest kind, it can hardly be said he is without restraint. What is meant is not that a hospital is without restraint, but is without mechanical means

of restraint, and these can be omitted anywhere on provision of the proper substitutes. Mechanical restraint is rarely necessary, and only in a few simple forms, but when it is required, it is a question to be left for the decision of whoever directs the treatment of the patients. No one recognizes more thoroughly than is done here, the impropriety of subjecting the insane to unnecessary restrictions, and that the precise extent to which freedom of action may be carried can only be discovered by careful observation, and the study of the peculiarities of every individual patient. The only persons who can properly decide just how far restrictions shall be carried, and freedom be granted in an institution, are its medical officers, who, having all the responsibility for the results, if at all qualified for their positions, may safely be entrusted with the power to decide all such questions, which should really be regarded as a part of the treatment of the patients. No outside commission nor any non-professional board is competent for such a duty.

It is an error to encourage the belief that it is a great advance, or wise or right, to abandon all reasonable means of safety, especially when they can be provided, without being offensive in any sense, and thus taking what can be very well used by a limited class of the insane, as a type of what is proper for all.

Much has been said of late years about dispensing with all locks, and "bars and bolts," and, indeed, about establishing a class of institutions in which there is to be "no restraint," and the buildings of

which are to resemble in form, common cottages or dwellings, where "home treatment" is to manifest its peculiar and transcendent advantages. In regard to the last-mentioned idea, it may be enough to repeat, what has often been well said, that home treatment and the care of friends are always tried and always fail before a hospital is resorted to; and in reference to the other arrangements mentioned, it is sufficient to say, that any one in authority, who believes such modifications of hospitals prudent and desirable, and who is willing to assume the responsibility, can readily make all the changes that are necessary in any of our hospitals, to give the system a thorough trial. It must be understood, however, that there are cases of insanity for whom it is not necessary to leave home, but the number is comparatively small, and the foregoing remarks have no reference to them.

At the same time, too, we all know, that when it is deemed desirable, any number of patients in a hospital for the insane may have absolute freedom of ingress and egress, and at all times, and yet live in buildings so constructed as to have security for all, when within it, and especially at night, and with nothing offensive in their arrangements. Every superintendent can decide for himself to whom he is willing to give these privileges, and for whom he is disposed to assume the responsibility. Every officer who has had even a limited amount of this kind of responsibility, must know that without some proper general provision for security, far beyond what is required in a private dwelling, tragedies and acci-

dents, that no one could have reasonably anticipated, will be sure to prove of not infrequent occurrence. It is exactly when these casualties are not anticipated that they are most likely to occur, for when they are expected, means will be taken to prevent their happening. It is for this reason that a proper provision for security should be made in all parts of a building occupied by patients. As already intimated, all this can be done without any conspicuous use of the "bars and bolts," so often spoken of as being everywhere prominent, but which, when looked for, are really so seldom seen; and by arrangements very little different from what are often found in the windows of our best city houses, which are guarded for the protection of the younger members of the family. The fact that no very serious accident may occur, even for a year or two, in an unguarded and unprotected building, does not settle the propriety of such an arrangement. All who have had much to do with hospitals, must have noticed how frequently the same class of cases come together, and how often a series of accidents, of a kind not before known, follow each other in rapid succession. So, with such a system as proposed, after immunity from serious mishaps, for a long time, it is more than likely, that when least expected, there will be a list of occurrences that will excite, and not without cause, a storm of public indignation, because ultra humanitarian theories have been allowed to take the place of the dictates of common sense, and the conclusions of general experience.

It is safe to say that the idea, which has been

industriously circulated in certain quarters, that American hospitals are not progressive, and that their officers do not advocate improvements, is entirely gratuitous and without any foundation on facts. Nor is there any more ground for asserting, that hospital officials are so fixed in their opinions, so thoroughly "in ruts," and so deficient in knowledge of what is being done elsewhere, that they will consent to no change. On a par with this, for want of correctness—a positive error—to use the mildest term—is the statement that American institutions, only a few years since conceded to be in the advance, have of late been taking a retrograde position. There are no facts to justify any of these assertions; and it is quite certain that whatever was really the relative position of American and foreign institutions a few years ago, nothing has since occurred to materially change it.

The number of hospital physicians who have made personal examinations of most of the European institutions is now so large, their reports thereon so clear and complete, and the familiarity with all that has been published abroad is so general, that there is no want of reliable knowledge in this country on any of these subjects. At the same time it is to be regretted that so very few practical men from abroad have visited our hospitals for the insane, or when here, have been able to take the time for that kind of careful examination, that would have given a tolerably reliable idea of the real character of our institutions, the actual principles on which they are conducted, and the details of their management. It

must be confessed, too, that some of our own countrymen, not specially connected with the care of the insane, when abroad have given a so much closer study to what has come under their notice, than they had ever thought of doing to our own institutions, that they have been unconsciously led to adopt views in regard to relative management, supervision, and treatment not justified by the facts, and to give an exaggerated importance to opinions doubtless new to them, but which had really been carefully studied and placed at their just estimate years before by the large body of hospital superintendents, to whom they had long since ceased to have novelty.

Many of the statements just referred to, were certainly made without sufficient investigation, and with all allowance for their other objects, it would require a large amount of charity to believe they have not been circulated also for the purpose of creating a feeling of distrust, and to prevent the common sense of communities from resorting to its usual sources for counsel and advice when making further provision for the insane.

Protesting in the most emphatic manner against all waste, extravagance, or useless ornamentation, it must still be admitted that the costliest hospital yet built may possibly be much better for, and more creditable to, a State and its citizens, than the cheapest receptacle that could be devised by the most astute admirer of small expenditures.

It is really a great mistake to believe that a very small amount originally expended on a hospital for the insane is an evidence of cheapness or of economy.

If there is not provided just what is wanted in such a structure, no matter how little it may cost, it is neither the one nor the other. It is in this way quite easy to have waste and extravagance with a small expenditure. The amount expended in the construction of such a building before its occupation, is not a fair representation of the real cost of a hospital, for to this should be added all subsequent disbursements required to make it what it ought to have been in the beginning. From the day a badly designed and poorly built hospital is opened these extra expenditures begin, and they never cease; annually comes up the demand for appropriations for repairs, alterations, and renewals, or if these are not attended to, there results that general run-down condition, that can only be remedied by a very large expenditure. In contrast with this, a thoroughly constructed hospital, complete in all its arrangements, will show, when first occupied, its actual cost; and in the future will require only appropriations for the unavoidable wear and tear, and for what are really new improvements, instead of being mainly for remedying faults that were almost entirely dependent upon original defective construction. Even with the largest subsequent expenditure of money, these cheap and imperfectly planned and poorly constructed hospitals can never be made to compare with those of a different character; while the blame for all their deficiencies, mainly owing to their original defects, is too often placed most unjustly upon those, who are in no way responsible for them. Every day only adds new evidence of the truth of the axiom, so often re-

peated in these reports, that the best hospital, best built, best arranged, and best managed is always cheapest in the end.

It is an error to believe that temporary structures are desirable for the accommodation of any class of the insane. They can have no advantage, are much more dangerous in regard to fire,—for this one reason alone, no apology can be made for their being constructed of combustible materials,—and are not likely to cease to be used when they have become dilapidated, and utterly unfit for their original purpose. A permanent hospital has many and great advantages. At all times, and whenever it is desired, it may be made about equal in purity to what it was when new, by simply substituting new floors, new plastering, new paint, and removing whatever may have been worn out by use.

In this connection, too, reference may be made to what seems to be a disposition for the adoption of erroneous theories in regard to one-storied buildings, to cottages, to detached houses scattered over a large extent of ground, and to the separation of the different wards to an inconvenient distance from each other, in place of the compact form of a hospital that is usually adopted.

In regard to one-storied buildings, experience here, for thirty-six years, has shown conclusively that for the most excited class, and for some of the feeble, a limited number of them have very decided advantages, but their being so much more costly, especially as they are always built with rooms on but one side of the corridor, is pretty certain to prevent their

being generally adopted. In addition to this, the large amount of space required would often be considered objectionable. In our experience there does not seem to be any objection whatever to a building for hospital purposes, with two full stories occupied by patients, and in some, three stories are found to be quite as desirable as lower structures. In this connection it is always to be understood, no matter what the purpose of the hospital, that there is to be a fire-proof ceiling between the different stories, no direct connection between them, and that the fire-proof stairs and elevators are to be outside of the wards proper. Thus arranged, it can hardly be gainsaid that this mode of construction with this number of stories has many advantages. It gives a better opportunity for the natural circulation of air, offers finer and more cheerful views from the ward windows, and it is more easy and less costly to provide for the warming and ventilation of the whole structure, the cellar and roof of which are very nearly the same as for a one-storied building. Of one thing there is little doubt, our third-story wards are always preferred to the second and the second to the first. These remarks are not intended as offering any objection to two-storied hospitals, but simply to indicate that when a great lessening of cost is important, it might be well to consider, whether when proper arrangements are provided, there are not always quite a sufficient number of patients entirely able to enjoy the purer air and far more extended views of this third story; and to prove, that the saving might thus be made, by adding this story to increase the amount of accom-

modation, in place of economizing by what is commonly styled cheap construction.

In regard to detached wards and cottages, the experience of this hospital, began for the first, in 1842, just after its opening, and for the latter in 1847. It took but little time, in both cases, to discover that neither was desirable, and that both had many disadvantages. The intervening spaces between the detached wards were gradually filled up by permanent structures, to the great comfort and convenience of everybody; and the one cottage, which it was originally supposed would soon be followed by many others, never had its duplicate, and was finally abandoned for the purpose for which it was first intended. The use of the term cottage, so frequently employed of late, has seemed to have something of a false pretence about it, and to be used to cajole unsuspecting inquirers into a belief that it is somewhat like the poetical structures in which most people have, at some period or other of their lives, felt a disposition to live. What then must they think, when told that it is really used for all sizes of houses with from 20 to 200 rooms, and that in these, what is pleasantly styled the "family system," large as the family is, is to be tried.

It is scarcely necessary, in this connection, to refer in detail to these so-called cottages, but it can hardly fail to excite some surprise to find such frequent reference made of late to "cottages to contain 200 patients, and each to cost \$100,000." Each of these would seem actually to be a hospital in itself, the number of patients to be provided for, being about

as many as that originally suggested for such institutions by the Association of Hospital Superintendents.

It adds greatly to the cost of a hospital in its construction, in its heating, ventilating, water, gas, and various other indispensable arrangements, to have the different wards placed at inconvenient distances from each other. With or without warmed and protected covered passages between them—which of themselves are costly—as has recently been proposed, the plan is most inconvenient and exposing, and unnecessarily laborious for performing the regular service of the institution. The single advantage of additional security from the spreading of a fire, is little beyond what is attained in a compact building, by a fire-proof space of ten or a dozen feet, where one ward comes in contact with another, and which, with glazed and movable sash, from floor to ceiling, gives all that could be desired for light and air, and for a pleasant and retired place of resort for the patients when in the wards.

It is an error to suppose that insane persons scattered about a farm in detached buildings can be as efficiently cared for, when thus entrusted to comparatively irresponsible attendants, as they would be in the regular wards of a hospital, under the immediate oversight of the officers of the institution.

It is an error, too, to believe that the indiscriminate association of the sexes in these detached buildings is not attended by great and unjustifiable risks.

It is a mistake to suppose that the insane, who, as a general rule, are poor sleepers and easily disturbed,

can rest as well, or be as safe, in large associated dormitories, with a score or two in the same apartment, as they would if alone in single rooms, or with a single nurse. At the best, this can be only as pleasant an arrangement for the insane in a hospital, as it would be for travellers in like quarters, and with a similar number of fellow lodgers in a hotel or boarding-house.

It is about as rational to object to board in a hospital ward, because the other wards in the same institution are similar in general character, as it would be to object to live in a house in a square of a city, because the neighboring ones are constructed after the same model, and have the same general appearance, probably because experience has shown that the style is better and more convenient than any other. The patients of one ward may have quite as little to do with those of the adjoining ones, as the residents of any single house in a town have to do with their neighbors, and they are not often heard to complain of their monotonous appearance, which it is believed, is much more noticed by those who only occasionally pass from one to another, than by those who reside in a single one. More variety, if desired, can readily be secured, by inexpensive styles of architecture, by different shades of color, and by such cheap forms of ornamentation as may be deemed admissible, and which would be suggested by any ingenious builder or superintendent. In a well arranged and properly constructed hospital, it is quite easy to have just as much, as little, or no communication between the different wards, as may be deemed desirable.

It is very clearly a tendency to error to inculcate the doctrine that a familiarity with insanity, and the care of the insane, and with the construction of hospitals, gives no advantages for deciding upon the best mode of providing for their custody and treatment. It would seem to be a work of supererogation to discuss such a proposition as this, and yet it has lately been advocated and practically acted on, in more than one quarter, claiming the right to influence public opinion, and to control the expenditure of the public money.

Acceptable as the visits of intelligent and rightly-minded state officials must always be, still it is, at least a tendency to error, to inculcate the belief that such visits, hastily made and at long intervals, as they generally are, are comparable in efficiency and usefulness to those of a permanent board of managers, properly selected and qualified for the position, and who, by making frequent and deliberate visits to an institution, learn, by actual observation, the workings of the system that is in daily operation.

It is an error to inculcate the opinion that any community, able to put up a building for any benevolent purpose, is not also able to adopt an efficient system of heating and ventilation for it. It is equally an error to believe that any system of ventilation that is not forced is efficient, or that a bad system can be desirable at any price. In this connection, too, it is quite safe to say, that any system of heating and ventilation is imperfect, that does not provide flues for the admission of fresh air into, and

the discharge of foul air from, all patients' rooms, without exception.

It is an error to suppose that a firm adherence to truth is any evidence of a disposition to lag behind the age, just as it is equally a mistake to believe that change and novelty are in themselves, necessarily, any evidence of progress. Because certain principles, some of which were deliberately adopted more than a quarter of a century ago, and have been tested over and over again, have been steadily maintained up to the present time, is no reason for the opinion that those who adhere to them have got into "ruts" from which they are unable to extricate themselves.

The truth really is, as any one may discover who will carefully review the whole ground, that it is just as clear of ruts as it was in the beginning, and that, if there is any good reason for doing so, it is as easy now, as it ever was, to turn to the right hand or to the left. At the same time, however, it is believed to be sound doctrine to proceed on the principle that it is better to continue in a steady, straight-forward advance, on an old and well-tested road, so long as there are no new facts to show that any essential benefit will be gained by travelling on an untried one leading in a different direction.

The number who think that any considerable proportion of the United States are too poor to provide adequately for all their insane, is too small to claim to represent "public sentiment." The great mass of taxpayers have never made any complaint on the subject, and are not likely to do so, if convinced that

appropriations for this object are used wisely and economically. The fact that provision has already been made for all the insane in more than one State, and that others will soon have accomplished the same result, is the only answer that is necessary to the oft-repeated declaration, that it is too great a work for any State to accomplish. No State was ever yet impoverished by her expenditures for such an object. With all the insane properly provided for in good hospitals, the people of any State will feel richer and as holding a more dignified position among men, than if they allow their afflicted fellow-beings to live in receptacles that are a reproach to humanity. If these propositions are true, the frequent assertion of opposite opinions must be even more than a tendency to error.

It tends to error when those who have comparatively limited means of observation not only assume to be judges of all these questions, but also allow themselves to become advocates, and in their search for counsel and information, resort only to those whose views they believe to correspond with their own, and reject even the best and most generally conceded authorities, if their experience has led to different conclusions.

It is tending to error to mislead the public by the random statements, so often made, as regards the cost of what has been and is being done in making provision for the insane, in giving aggregates of expenditure, without furnishing details, or saying but little about what has actually been obtained for the money expended. It is possible for even an un-

necessary amount of money to be expended without its being the result of fraud or corruption.

No matter how high may be our appreciation of the beauties and value of landscape gardening and of fresco painting, it must tend to erroneous expectations to give assurances of the possibility of "reducing the number of filthy patients seventy-five per cent." by such agencies. If such means have such effects on "the most demented," it will not be difficult to prove that a greater attention to æsthetics is important everywhere, and that no institution, even for the lowest class, can be prepared without every facility for giving all practicable benefits from this class of remedies.

Because now and then an unnecessary amount of money has been expended in providing a hospital for the insane, it is wrong to insinuate that, as a body, hospital superintendents generally recommend or approve of such a course, or are in any way responsible therefor. All the requirements of the association propositions are of the most moderate character, representing only what is indispensable in any institution making any claim to respectability, and all of which are available for a moderate sum of money.

An extravagant expenditure in providing accommodations for the insane, or waste of any kind, is unquestionably a grave error, and not less an error is any plan that insists on the use of less money than will give a proper kind of provision for the afflicted. The latter, in the end, is practically, perhaps, worse than the former. The first wrong is felt mainly in the beginning. The last is permanent,

and as time goes on gets worse and worse. Wherever real extravagance has been discovered, a full investigation will generally show that the responsibility therefor belongs to very different persons than hospital medical officers, as has been so often and so unjustly represented.

It is a very grave error to attempt to depreciate in the public estimation, the value and importance of the propositions, which have been unanimously adopted, and so often reaffirmed by the Association of Medical Superintendents of American Institutions for the Insane. They have been tested everywhere throughout the land, by men of the highest ability, and with the most varied fields of observation. Any coming down whatever from their very moderate requirements can only result in loss to the insane, and in discredit to those who make provision for them.

It is an error to suppose that hospitals with a high class of accommodations have no advantages over those of an inferior character, even for patients of the most chronic and hopeless description. There is little that is done for the curable that incidentally is not also beneficial to the incurable, and they share, without cost, in all such advantages, although they may be provided expressly for others.

It is an error to suppose that counties can anywhere make as good or as reliable provision for the insane as a State, or at a smaller cost, unless, as may now and then happen, they are able and willing to erect a regular hospital, with all its proper arrangements, and with a distinct medical organization,

similar to what would be proper in a State institution.

It is a great error in the discussion of this branch of the subject to countenance anything that would tend to diminish the public feeling, now so general throughout the country, that every State is bound to make adequate provision for all its insane, and at the earliest possible period. For this reason, objection should be made to all suggestions for sending to their own homes the supposed harmless and incurable. Without discussing fully the difficulty of saying who among the insane are certainly harmless or incurable, it is enough to suggest, that the tragedies that have so often shocked whole communities have very frequently come from exactly this class, from whom no harm was anticipated; and the dangers and evils that are to be apprehended from the presence of such persons in families, especially where there are children, are neither few nor trifling in their character. This would be clearly a retrograde movement, leading to what existed before there were hospitals, and calculated to make legislators believe that the necessity for hospitals is less than has been supposed. In this way it would tend to retard the great work of making State provision for all the insane. The payment by the State for the support of the insane in families, would soon cause it to become a matter of competition, and would, before long, bring it to a level with the "farming-out" pauper system, formerly in vogue in some parts of our own State, and with it would surely come all its terrible inhumanity and abuses.

It is a serious error, sure to lead to most unfortunate results, to urge the taking away of responsibility and authority from the official head of an institution for the insane, and frittering them away among subordinates. This has been tried over and over again: it always has failed and always will, because based on a radically vicious principle; with it there can be little discipline, good order, or harmony in an institution. Worse than all other forms of this error, and sure to demoralize any hospital, is the attempt of Governing Boards to appoint or discharge subordinates or attendants on the patients. No amount of skill, nor industry, nor devotion to duty on the part of a hospital superintendent can enable him to compensate for what is lost by such an arrangement. In no degree is he to sink his medical character, but to secure harmony and smooth and efficient working in any such institution, he must supervise and direct the operations of all the departments; and the proper attention given to all and each of these will secure greater efficiency and comfort in the performance of what is more specially medical.

To your own Board, I am aware that much that has been said must seem as a thrice-told tale, but it will not be so to many who read these pages. Without these repetitions of principles, and the frequent enunciation of the results of careful observations, those who are just entering upon these investigations, and who are to be the laboring men of the future, might be led to infer that many doubtful novelties had a firm basis, had taken the place of

well-matured views, and that those who had had established convictions were about ready to abandon them for untested theories and unsound reasonings. If errors are repeated annually, even so must be the contradictions of errors, if it is hoped to eradicate them. No matter how positive may be the expression of their views, when based on experience, by hospital officers, they can hardly be more so than are most of those of a different character, which are persistently insisted on by writers who have no such basis for their assertions.

In all these discussions, every one should remember that he cannot tell for whom he may be legislating or providing. As the unsound of mind of to-day were among the well in the past, so the sane of this year may be among the insane of the next, and those that are regarded as recent and curable now, at no distant period may be tabulated as chronic and incurable. Let us all, in this as in other things, do for others what we would wish done for ourselves. Acting on this principle, with unselfish motives and a moderate degree of care to arrive at the truth, we are not likely to go very far astray.

CONCLUSION.—The report just closed is for the thirty-seventh year of this hospital in its present location, and the eighteenth of its being in two separate departments, one for males and one for females. This period also completes the one hundred and twenty-seventh year since the Pennsylvania Hospital in Philadelphia became the pioneer in making provision for the insane in America, and enunciat-

ing the important idea, which had too generally failed to be recognized, that insanity was a physical disease, susceptible not only of care, but of treatment and cure. As one evidence of these advanced sentiments—an error although it was—it provided wards for the sufferers from insanity in the same buildings as those used for ordinary physical ailments. All these are facts worthy of general remembrance.

While it may fairly be claimed that, with the means at its disposal, this institution has done the best it could to steadily advance the good cause, and to ameliorate the general condition of the insane of all classes, it is hoped it will never refer to what it has already done, or to its present condition, as any reason for relaxing its efforts for progress in the future.

With never-ending reasons for gratitude to Almighty Providence for all the protection and blessings vouchsafed to the institution at all times in the past, and trusting with an abiding faith for their continuance in the future, I once more commend it, in all its departments, to your liberal and generous supervision, and am sure it will continue to receive, as it has heretofore done, a practical sympathy and recognition from the people.

THOMAS S. KIRKBRIDE.

PENNSYLVANIA HOSPITAL FOR THE INSANE.


1st month 1st, 1878.

A P P E N D I X.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

 Every contribution or legacy of \$5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, for indigent recent and supposed curable cases, only; and, judging from past experience, when thus used, will be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, on Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

a certificate of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of _____ made within one week of the date of this certificate, we find _____ to be insane, and a proper subject for hospital treatment.

_____, 1878. _____ M.D.

_____, 1878. _____ M.D.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and _____ to before me, this _____ of _____ 1878, that the signatures thereto are genuine, and that the signers are physicians of respectability.

_____ [L. s.]

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____.
_____, 1878.

 To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of ——— being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks, or if removed or discharged, within four weeks, with his approbation, to pay board for four weeks.†

Witness our hands the ——— day of ———, 1878.

————— [L. S.]
 ————— [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What have been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?

10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

THE PENNSYLVANIA HOSPITAL FOR THE INSANE,
AT PHILADELPHIA.

To answer inquiries that are constantly being made, and to remove erroneous impressions occasionally entertained, not only in regard to the character, but also the objects, of the Pennsylvania Hospital for the Insane, the following sketch of its history, etc., is republished.

HISTORY.—Established by benevolent private citizens of this commonwealth, in 1751, the Pennsylvania Hospital was chartered by the Provincial Assembly of that year, as “the Contributors to the Pennsylvania Hospital,” and from the first had two departments, its objects being declared to be “the relief of the sick poor and the reception and cure of the insane;” this being the first regular hospital provision for the insane in America. This declaration of its objects manifested a remarkable degree of good sense, for while the ordinary sick poor were to be admitted, it was fairly implied that the insane, no matter what their social position or pecuniary means, were to be received, and not simply cared for, but “cured.” Such a recognition of insanity as a curable disease, at that early day, was much more in advance of the general public sentiment than can now be well imagined.

The first patient was admitted on the 11th of February, 1752, and the second, third, fourth, and sixth patients received were insane, two paying their ex-

penses, and two being treated without charge of any kind.

The hospital, at first, was kept in a private house on the south side of Market Street above Fifth Street, formerly the residence of Judge Kinsey, and for which a yearly rent of forty pounds was paid. The eastern wing of the Pennsylvania Hospital, at Eighth and Pine Streets, was finished and opened in 1756, and in the basement of this wing the insane were taken care of till 1796, when, on the completion of the west wing, they were removed to it, and continued to occupy that portion of the hospital, till they were transferred to the new building—now “the Department for Females”—on the west side of the River Schuylkill, and which, under the title of “The Pennsylvania Hospital for the Insane,” was opened on the 1st day of 1841. This building accommodated all the insane under the care of the Institution, till its crowded state led to the erection of an entirely new structure on the same grounds, and to the subsequent separation of the sexes. So that since the opening of this last building, now “the Department for Males,” in 1859, the Pennsylvania Hospital for the Insane has consisted of two distinct departments, that for males, capable of accommodating 250 patients, and that for females,—since the erection of the two Fisher Wards,—also capable of accommodating 250 patients, both being on the same tract of 113 acres of land, lying between Market and Haverford Streets, and Forty-second and Forty-ninth Streets, in the city of Philadelphia. The buildings are about one-third of a mile apart, have

91 acres devoted to gardens and pleasure grounds, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted of every class, profession, or creed, without regard to residence, and, as far as it is able, dispenses its benefits to those from our own State, not blest with this world's goods, as freely as to those who seem to have nothing to ask for but health.

RESULTS.—While the original structure at Eighth and Pine Streets was used,—a period of ninety years,—4366 insane patients were treated there, and of these 1493 were cured, 913 discharged improved, 995 removed without improvement, 610 died, 246 eloped, mostly before the square was permanently inclosed, 97 were transferred to the new Institution, and 12 were retained in town.

The Pennsylvania Hospital for the Insane began in 1841, with 97 patients, received from the old hospital, and with accommodations for 140. It can now receive about 500 patients. Since its opening it has received 7663 patients, and of these 3519 have been restored to their friends, cured; 1809 have been discharged in various stages of improvement; 941 left without improvement; and 979 died; while at this date 415 remain under treatment, with sixteen distinct classes or wards for men, and twenty for women. Of these patients, 1615 were received without charge, and about as many more paid less than the cost of

their support. While the insane were in the old hospital, the receipts from their care so much exceeded the cost, that fully \$100,000 were added to the capital stock from this source.

HOW ACCOMPLISHED.—All the land was obtained for the sum of \$30,000, and that and the original buildings at the Department for Females were provided at a cost of about \$325,000, these funds being obtained from the sale of a portion of the vacant lots surrounding the parent hospital in the city, and which lots originally cost but \$10,000. The Department for Males was provided at a cost of \$355,000, made up entirely from the contributions of benevolent individuals, nearly all of whom were residents of Philadelphia. The two Fisher Wards were built and furnished almost entirely from a special legacy of the late Joseph Fisher, of Philadelphia. This land, on which is the Pennsylvania Hospital for the Insane, will always be much more valuable to Philadelphia, for the purposes for which it is now used, and as a reservoir of fresh air for the neighborhood, than it could possibly be if covered with buildings of any description.

Whatever the Institution has received for board and medical attendance has been expended in the care and for the benefit of the patients. Beyond its receipts from this source, it has expended on free patients and those unable to pay the entire cost of their support, in thirty-seven years, \$159,996 36,*

* During the same period, the Hospital at Eighth and Pine has expended on indigent patients, from the same source, more than \$1,007,500.

derived from the treasury of the corporation, or an average of \$4324 22 per annum, being, however, considerably less than the interest yielded by what the care of the insane had, previously to 1841, added to the capital stock of the corporation. The total amount expended on this class, in these thirty-seven years, was \$454,039 41, or \$12,271 33 per annum.

No one connected with the Institution has any pecuniary interest in its income or in the receipts from the board of its patients.

It has never yet failed to have a weekly visit of inspection from a committee of its Board of Managers,—each serving two months at a time,—and these visits, with the regular service of its physicians and other officers, with supervisors, companions, and attendants living in the wards, constitute the system of personal superintendence for securing the greatest comfort and the best care of the patients.

It will thus be seen that all this provision for “the care and cure of the insane,” the relief of private families, and the protection of the community, and all these results, have been secured to our city and State, without any resort to the treasury of either. No one has been taxed to aid in this great work. What has been received has been given voluntarily. As insanity is a disease from which no one can claim exemption, as it differs from other maladies in requiring hospitals specially prepared for its treatment, and for which, in most cases, no amount of pecuniary aid can be a substitute, it is felt that this Institution is safe in relying, as it always has done, on the benevolence and liberality of private citizens, and

the intelligent appreciation of the community in the midst of which it does its work, for whose benefit it has ever been conducted, and who are specially fortunate in having it just where it is,—easy of access, with unusual facilities for management and for carrying out the great objects for which it was established.

ITS NEEDS.—The claimants for admission on the part of those unable to pay the full cost of their support, are constantly increasing, and are far beyond the resources of the Institution. Many of them are cases of the greatest interest and curable. It is to meet these applications, and to provide everything that will promote additional comforts, greater happiness, and give better chances of restoration for all its patients, that the Institution needs large additions to its resources, and especially a great increase of the permanent fund which has been liberally started by a few benevolent individuals.

Where free beds are established, they are for indigent recent and supposed curable cases, only; and, judging by past experience, when thus used, every such bed may be expected to be the means of restoring to reason and to society, from one to two patients in every year the Hospital shall exist.

